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Stridor in a four year old girl

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Neurenteric cyst is a rare duplication cyst of the spine which accounts for 0.7% to 1.3% of the spinal axis tumors. It is associated with abnormalities of the vertebral bodies in 50% of the cases but very rarely it is associated with upper thoracic diastematomyelia. Diastematomyelia is a form of spinal dysraphism where the spinal canal is split by a fibrous, cartilaginous or bony septum into two portions. Both these lesions appear to have same embryologic origin but their coexistence is very rare. Here we are presenting a child who presented with persistent cough and respiratory distress. Upon investigation it was found that the child has posterior mediastinal neurenteric cyst and upper thoracic diastematomyelia along with other anomalies of the vertebral bodies. It is a very rare presentation and no such case has been reported in literature.

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Laparoscopic resection of gastric gastrointestinal stromal tumor is safe and effective

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Introduction: Minimal access surgical therapy is the emerging gold standard for treatment of gastric gastrointestinal stromal tumor (GIST). Despite the above there continue to be lack of guidance or standardization of the techniques.

Aims: To assess safety, effectiveness, functional outcomes of minimal access surgical strategy for resectable gastric GISTs and attempt to propose a function-based technical guidance.

Methods: Thirty four symptomatic gastric GISTs diagnosed during the years 2006-2010 satisfied the inclusion criteria for minimal access surgical resection. All procedures were performed according to an agreed surgical strategy based on anatomical location of the gastric lesions and proximity to OGJ (Oesophago-Gastric Junction) or GDJ (Gastro-Duodenal Junction). The size, site, histology, resection margin, complications, hospital stay, functional outcome, recurrence rate and survival of the 34 consecutive resections were maintained on a prospective computerized database and had a minimum of 5 years follow up. All entered data was validated by the operating surgeon and the reporting pathologist.

Results: Twenty four cases were completed by endoscopic-assisted laparoscopic wedge resection. Six were close to OGJ and underwent a laparoscopic intra-gastric resection. The remaining 4 were close to the pylorus, 3 underwent laparoscopic trans-gastric excision via an anterior gastrotomy and the fourth was exophytic on the posterior wall and underwent an extra-gastric tangential excision.

Conclusion: Most gastric GISTs are resected by simple tangential excision. Lesions close to oesophago-gastric junction are best suited for laparoscopic end-gastric excision to ensure complete resection without compromising the oesophageal patency or sphincter competency. Juxta-pyloric endophytic lesions are best treated via an anterior gastrotomy or by extra-gastric tangential excision if exophytic. This anatomic and function-based strategy for minimal access surgical resection of gastric GISTs conserve the organ, preserve the function leading to a quicker recovery and better quality of life without breaching the oncological principles.

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