Abstracts from the 16th PCS Annual Interesting Case Presentation

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A Case Report of an Adolescent with Double Parathyroid Adenoma Presenting with Multiple Bone Lesions and Fracture

Presenter: Elly Novem Eluna, MD

Primary hyperparathyroidism is characterized by increased secretion of parathyroid hormone, leading to hypercalcemia and skeletal and renal complications. In the past, it was diagnosed when presenting with classical signs and symptoms. Currently, the most common clinical presentation of PHPT is asymptomatic hypercalcemia, often detected by routine screening tests. Due to the changing presentations, the diagnosis can become challenging.

We present BA, a 16-year-old female with a 2-year history of multiple fractures, progressive lytic bone lesions and pain, and kidney stones. She was initially managed as a case of polyostotic fibrous dysplasia. The workup also revealed low levels of vitamin D, hypercalcemia, increased alkaline phosphatase, and elevated intact parathyroid hormones. A neck ultrasound revealed two solid masses posterior to the right thyroid lobe.

She underwent right parathyroidectomy, and a biopsy confirmed a double parathyroid adenoma.

This report also highlights the management of the case in a low-resource setting and the importance of timely diagnosis of primary hyperthyroidism to prevent a delay in the management, which could cause unnecessary pain, bone deformities, and disability.

Double Trouble Choledocholithiases in Type IV Duplication of Common Bile Duct Identified During Intraoperative Cholangiography: Case Report

Presenter: Chrismark A. Reyes, MD

Duplication of common bile duct is a rare anatomic congenital anomaly of the biliary tree that may present with many types. Such cases are usually clinically silent unless presented with other concomitant conditions that may also be symptomatic in normal variants. Obstruction of the duplicated common bile ducts due to bile duct stones or choledocholithiasis have also been seldom reported. Hence, we present a case of a 42-year-old female, presenting with abdominal pain and jaundice, with incidental finding of duplication of common bile duct Type IV, with choledocholithiases of duplicates on intra-operative cholangiogram. This will be the first in its kind to adequately document and report the intra-operative findings of this anatomic congenital anomaly in our locale.

Laparoscopy Assisted Percutaneous Extraperitoneal Closure (LAPEC) in an Adult Patent with Incarcerated Left Inguinoscrotal Hernia: A Case Report

Presenter: Justin Laree D. Tantoco, MD

We present the case of a 51-year-old man with an incarcerated left inguinoscrotal hernia. He underwent a successful reduction of the incarcerated hernia at the ER and was admitted for elective hernia repair before discharge. Several hours after admission, re-incarceration of the hernia occurred. At that time, it was non-reducible. Informed consent was secured, and he underwent successful emergency laparoscopy assisted reduction of the incarcerated hernia followed by LAPEC. In this particular case, the reduction of the hernia was more challenging than the LAPEC. There were no intraoperative and post operative complications noted. On post operative physical examination, documented by photographs, no evidence of a previous large inguinoscrotal mass can be traced. The patient was discharged on POD 2 and followed up at 1 week and 5 months. No evidence of recurrence was documented on follow up, cosmesis was excellent and there were no pain-related issues reported.

Laparoscopy assisted percutaneous extraperitoneal closure can be a safe, cosmetic, and effective surgical treatment in adults with reducible incarcerated indirect inguinal hernia. The procedure is simple, quick and easy to perform. Our study is the first to report the application of LAPEC in an adult patient with Incarcerated inguinal hernia.

Laparoscopic Management of a Large Choledochal Cyst in an Infant: A Case Report

Presenter: Abe P. Ferrer, MD

Laparoscopic management of a giant choledochal cyst (CC) in an infant is a technically demanding surgical endeavor that requires specialized training and meticulous planning. Laparoscopic CC surgery presents unique challenges due to the limited operative space, delicate anatomy, and technical demands of the procedure, being both excisional and reconstructive. These challenges are magnified when presented with an infant with a giant CC. In this report, we are going to present the challenges encountered and share the various steps that allowed our team to overcome these challenges.

Our patient is an 11-month-old female, 8.6 kg female who presented to our institution with a RUQ mass, jaundice, and a CT scan showing a large type 1 saccular choledochal cyst. After careful review, our team attempted and successfully performed a laparoscopic cholecystectomy with en bloc excision of the CC and hepaticoduodenostomy reconstruction.

The main challenge is the limited operative space. Once addressed, we felt confident we could complete the procedure laparoscopically. Operative time was 270 minutes. Feeding was resumed at postoperative day 5. Patient was discharged on postoperative day 7. There were no reported intraoperative and postoperative complications. The child remained well with no issues on postoperative reviews. Laparoscopic excision of a giant choledochal cyst in an infant is feasible, effective and safe with good outcomes. Preoperative planning, creative port placement, use of multichannel port, gauze, bipolar shears and needle cyst decompression are key in the successful performance of this elusive and challenging operation.

A Case Report on Jodhpur Disease: Insight into Primary Acquired Gastric Outlet Obstruction

Presenter: Kennan Cosidon, MD

Gastric outlet obstruction (GOO) is common in early infancy but is rare when hypertrophic pyloric stenosis is excluded. Primary acquired GOO, or Jodhpur disease, primarily affects males aged 3-6 years, present with nonbilious vomiting. Diagnosis involves imaging, and treatment typically includes surgical intervention.

A 6-month-old Filipino female presented with abdominal distention, postprandial vomiting, and fever. After conservative management and exploratory laparotomy, she improved post-surgery but experienced recurrence of symptoms. Follow-up showed her active and symptom-free, though she left against medical advice before completing antibiotics.

Primary acquired gastric outlet obstruction (GOO), or Jodhpur disease, occurs in 1 in 100,000 children, primarily affecting males aged 1 month to 6 years. Its unclear etiology includes dietary factors and nitric oxide synthase deficiency. Diagnosis involves imaging, and surgical intervention is typically necessary, with effective treatments including pyloroplasty and pneumatic dilation.

This case underscores the importance of clinical suspicion for primary acquired GOO in young children and advocates for prompt diagnostic imaging and timely surgical intervention to prevent complications such as malnutrition and growth retardation.

Mucosal-Sparing Augmented Non-Transected Anastomotic (MsANTA) Urethroplasty in a 19-Year Old Male, the First Reported Case in the Philippines: A Significant Advancement in Simplifying the Future of Urethral Reconstruction

Presenter: Jose Apollo P. Pacamalan, Jr., MD

Urethral stricture disease is a common urological condition that can lead to obstructive voiding symptoms, urinary retention, and recurrent infections. Strictures are caused by trauma, infections, or iatrogenic factors like prolonged catheterization. The mucosal-sparing augmented non-transected anastomotic (MsANTA) urethroplasty aims to preserve urethral mucosa and vascular integrity, reducing complications such as fibrosis and restenosis. This report presents the first MsANTA urethroplasty performed in the Philippines.

A 19-year-old male with irritative lower urinary tract symptoms and acute urinary retention following ventriculostomy developed a 1.5 cm bulbar urethral stricture. He underwent MsANTA urethroplasty, involving perineal dissection, dorsal urethrotomy, and mucosal reapproximation with a buccal mucosal graft. The patient had an uncomplicated recovery, improved urinary flow, and no recurrence at 6-month follow-up.

MsANTA urethroplasty presents a novel technique for managing short-segment, non-traumatic bulbar strictures by preserving native vascularity and minimizing surgical trauma. This case highlights its potential as a safer alternative to traditional approaches, with fewer complications.

MsANTA urethroplasty is a promising and effective technique for bulbar strictures. Further studies are needed to confirm its efficacy and potential role as a standard of care.

Intestines Gone Awry: A Rare Case of Traumatic Transanal Small Bowel Evisceration

Presenter: Romane Jasmin C. Maños, MD

Transanal bowel evisceration is a rare, life-threatening condition requiring urgent surgical intervention, with approximately 100 cases documented globally since 1827. While research predominantly addresses spontaneous cases, traumatic occurrences—often associated with stab wounds—remain underreported. The prevalence of traumatic small bowel evisceration is low, ranging from 0.2-1% worldwide, with no documented studies from Northern Luzon or the entire Philippines. Prompt diagnosis and immediate surgical management are essential to prevent serious complications, underscoring the importance of timely intervention for a successful outcome.

This is a rare case of small bowel evisceration secondary to traumatic rectal perforation. A 56-year-old male presented with intestinal protrusion through the anus, illustrating a rare instance of transanal small bowel evisceration. The patient's case provides important insights into the diagnosis and treatment of this uncommon condition.

Early detection was crucial for managing the transanal evisceration of the small bowel, a rare and life-threatening emergency, as timely surgical intervention is essential to prevent severe complications. This case underscores the importance of clinical awareness and prompt diagnosis, particularly given the rarity of traumatic transanal evisceration, to enhance patient outcomes.

Urethral Diverticulum Calculous Presenting as Scrotal Abscess in a 53-Year -Old Male with Uncontrolled Diabetes Mellitus

Presenter: Lorenz Erbert F. Altarejos, MD

A 53-year-old male with uncontrolled diabetes mellitus who presented with progressive scrotal swelling and straining was found to have a scrotal mass highly suggestive of scrotal abscess on inguinoscrotal ultrasound. Incision and drainage of abscess revealed a mass extending from the bulbous urethra. Subsequent urethrotomy revealed a large stone enclosed in a wide based urethral diverticulum. Urethral diverticulum (UD) is a rare urologic disease entity with a prevalence rate of 0.5 to 5% for both sexes. One complication of UD includes the formation of stone calculi which only occurs in 1% to 10% of all UD cases. UD calculi masqueraded by scrotal abscess has caused diagnostic dilemma as reported cases are often misdiagnosed. Furthermore, the lack of a standard guideline for surgical management of UD in males has led to individualization of the surgical technique done in reported cases. Only 2 other similar cases have been reported in literature worldwide.

McKrittick-Wheelock Syndrome: A Case Report

Presenter: Mabel L. Bitgue, MD

McKrittick-Wheelock syndrome refers to a condition characterized by a large rectal mass accompanied by excessive mucoid discharge and associated electrolyte imbalances, including hyponatremia and hypochloremia. This is a benign condition that can unexpectedly lead to serious illness in patients, making it essential for all clinicians to be aware of. We present the case of an 80-year-old female presented with a 4-year history of secretory diarrhea, hematochezia, enlarging fleshy rectal mass with copious mucoid discharge associated with hyponatremia and hypochloremia. Physical examination revealed a polypoid rectal mass secreting copious mucoid discharge with a 2cm base of stalk prolapsing 4cm FAV. The patient underwent rectal excision via trans-anal approach leading to resolution of symptoms. Postoperatively, the patient made a good recovery and was discharged. During follow-up, there was no recurrence of secretory diarrhea. Additionally, the dizziness and other symptoms had resolved. This case emphasizes the importance of recognizing McKittrick-Wheelock syndrome (MWS) when faced with a rectal mass presenting alongside chronic secretory diarrhea and associated electrolyte disturbances. Despite its rare occurrence, clinicians should consider this diagnosis in patients with a rectal mass to avoid delayed treatment and prevent serious complications.

A Case Report of Innovative Surgical Management of Sacrococcygeal Fetiform Teratoma in the Philippines

Presenter: Gerald Ken C. Taño, MD

Sacrococcygeal teratoma is one of the most common pediatric tumors. In contrast, its highly developed variant known as Fetiform Teratoma is an extremely rare elusive subtype with overall incidence of 0.01% and reported in only 35 cases worldwide.

This is a case report of a large sacrococcygeal fetiform teratoma in a 3-year-old female from the Philippines seen at the Outpatient Department presenting with history of sacrococcygeal mass initially noted since birth. Work-ups revealed normal tumor markers and a large multi-lobulated, heterogenous and hypervascular Altmann type I sacrococcygeal teratoma on imaging. Preoperative endovascular angioembolization with subsequent En Bloc Excision and coccygectomy was performed. The tumor was confirmed to be fully excised, and no malignant or immature features were found on histopathological examination. Early diagnosis, meticulous preoperative preparation, complete surgical excision, involvement of multidisciplinary team, active surveillance and long-term follow-up are key in the management of sacrococcygeal tumors. Utilization of preoperative endovascular angioembolization is an innovative, safe, feasible, and beneficial in minimizing perioperative blood loss and improving outcomes for large pediatric sacrococcygeal tumors.

Papillary Thyroid Carcinoma Arising from a Thyroglossal Duct Cyst in a 30-year-old Filipina: A Case Report

Presenter: Jane Cristel D. Sanchez, MD

Thyroglossal duct cyst carcinoma is rare with majority being Papillary thyroid carcinoma. This is diagnosed after the final histopathology report following a Sistrunk procedure. Though with a good prognosis, surgical management has been controversial. Reported here is a case of a 30-year-old female who presented with an anterior neck mass. Pre-operative diagnosis was a thyroglossal duct cyst and patient underwent Sistrunk procedure with no untoward events. Final histopathology report of the excised mass revealed papillary thyroid carcinoma. This report draws attention to the rarity of papillary carcinoma in thyroglossal duct cyst and highlights the surgical options for such cases.

Minimally Invasive Surgical Treatment of a Huge Ovarian Cystadenoma in a Pediatric Patient: Case Report

Presenter: Ma. Christine Joy Saure-Luis, MD

Ovarian cystadenomas in adolescents are rare neoplastic tumors arising from the ovarian epithelium. These are seen in adult women, posing diagnostic challenges in the pediatric age group. Due to its propensity to become large up to 30cm, its acute presentation and complications necessitate urgent management. We present a case of a 17-year-old female who came in due to increasing abdominal girth of 1-year duration with a CT scan finding of 35 cm hypodense non-enhancing abdominopelvic mass. Tumor markers were requested, leading to non-malignancy, and the patient underwent minimally invasive surgery. This clinical case highlights the importance of a comprehensive approach to the diagnosis of intraabdominal masses in adolescents while providing optimal management and reducing potential complications.

Endoscopic-Assisted Microvascular Decompression for Hemifacial Spasms Associated with Vertebrobasilar Dolichoectasia: A Meta-Analysis

Presenter: John Emmanuel R. Torio, MD

HFS primarily attributed to neurovascular compression at the root exit zone (REZ) of the CNVII, presents significant challenges in diagnosis and management. While Microscopic MVD remains the gold standard treatment, its efficacy in cases involving vertebrobasilar dolichoectasia (VBD) is less explored. This systematic review aimed to evaluate the safety and efficacy of endoscopic-assisted MVD (E-MVD) specifically in HFS secondary to VBD.

Comprehensive search using MeSH key words “Endoscopic”, “Microvascular Decompression”, “Vertebral Artery”, “Hemifacial spasm” across multiple databases was done. Following PRISMA guidelines, we identified six eligible studies. Descriptive statistics were used, qualitative and quantitative data were numerically expressed. Crude odds ratios of certain characteristics that may be attributable to comorbidities/post-operative complications were also determined. These were performed with a 95% confidence interval, p-value of <0.05 will be considered statistically significant.

Mean age was 53.63 years with female predominance. E-MVD demonstrated an 84.06% complete resolution rate, with partial resolution in 8.70% and no relief in 7.25% of cases. Transient facial palsy was the primary postoperative complication. Following factors pose increased risk for comorbidities/post-operative complications: age $\geq$ 60 years old (4.2500), male (1.1905), AICA involvement (3.7037) and left sided involvement (1.5750).

Comparison with traditional microscopic MVD reveals comparable success rates, with E-MVD offering enhanced visualization and potential reductions in complications. Challenges related to vertebral artery involvement and complex compression patterns are addressed more effectively with endoscopic techniques. While the learning curve for surgeons transitioning to endoscopic approaches exists, the benefits of minimally invasive procedures warrant further exploration and adoption.

Non-Autogenous Graft Reconstruction in an External Lilac Artery Dissection in a Post-Transplant Recipient

Presenter: Joseph Laygo, MD

Oliguria or anuria in the postoperative period of a post-transplant patient must alert the transplant team for a possibility of vascular problem and requires high clinical suspicion for early diagnosis and prompt decision making.

We report a case of sudden anuria in a renal transplant recipient during the immediate post-operative period, wherein prompt decision to re-operate and explore identified an external iliac artery dissection compromising the perfusion to the renal allograft. The dissected segment was irreparable, hence, was resected and reconstructed using a non-autogenous graft, restoring the perfusion to the allograft and lower limb. The renal graft was explanted, re-perfused and subsequent end to side anastomosis of the allograft arteries to the vascular graft was done. The patient had improved diuresis and decreasing creatinine trend as well as absence of lower extremity ischemic symptoms during the postoperative period.

Polytetrafluoroethylene (PTFE) interposition is an essential salvage technique for restoring blood flow in cases of external iliac artery dissection during renal transplantation

Left Atrial Sarcoma with Pulmonary Embolism: A Case Report

Presenter: Jerome D. Urbina, MD

Cardiac myxomas are primary cardiac tumors that presents with symptoms of hemodynamic derangement from obstruction of flow within the cardiac chambers or deformation of a cardiac valve and symptoms associated with embolization.

In this case report, we are presented with a 45-year-old female, diabetic with paroxysmal atrial fibrillation, fair functional capacity, ambulatory, with chief complaint of dyspnea. Admitted as a case of Left atrial myxoma with Pulmonary embolism (proximal right lower lobe, distal left main pulmonary artery division, and superior segmental division of the left lower lobe).

Left atrial myxoma was the first diagnostic consideration, followed by other primary cardiac tumors, and thrombus. Patient was then prepared for surgery and underwent excision of LA myxoma with CardioCel Bioscaffold patch on the inter-atrial septum, mitral ring annuloplasty with plication of the A2-A3 segment, thrombectomy of right inferior pulmonary vein, utilizing cardiopulmonary bypass. Upon pathological examination, the mass was found to be sarcoma with noted myxoid features. The objective of this report is to describe a case of this rare disease entity, and to discuss its presentation, pathological findings and management.

The Way of Ikebana: From Cloaca to Neovagina, the Singaporean Flap Paves a New Path, a Case Report on Vaginal Canal Reconstruction Using the Pudendal Artery Perforator Flap in Persistent Cloaca

Presenter: Johanna Errika D. Baga, MD

Persistent cloaca is a rare congenital anomaly characterized by a single opening in the perineum for the urinary, genital, and gastrointestinal tracts. This case report presents a pediatric patient with persistent cloaca who underwent vaginal reconstruction using the Singaporean flap, or the pudendal artery thigh flap in our institution. The vaginal reconstruction aimed to create a functional and aesthetically acceptable vaginal canal, allowing normal sexual function and urinary continence. The importance of multidisciplinary care involving urologists, gynecologists, and plastic surgeons is emphasized for optimal management of this complex condition.

This is a case of an 11 year old female presented with a common channel or persistent cloaca who underwent double barrel transverse colostomy as a neonate from a different institution and was referred to our institution for definitive surgical management. Vaginoplasty was performed using an ipsilateral Singaporean pudendal artery perforator thigh flap created as a tunnel for the neovaginal canal by the Plastic surgery team. A posterior anorectoplasty was done by the Pediasurgery team, and urethroplasty was done by the Urosurgery team with comanagement with the Gynecology team preoperatively and postoperatively as well.