Endometrius on ovary

Benign findings in the pelvis can range from simple cysts or endometriosis to congenital abnormalities.
**Dermoid cyst**

A benign but complex lesion is the dermoid. When present in an ovary it can contain hair and other remnants. The dermoid may be removed laparoscopically with care to avoid intra-abdominal spillage.

![Dermoid Cyst](image-url)
<table>
<thead>
<tr>
<th>Corpus luteum</th>
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<td>Non-hemorrhagic corpus luteum and follicular cysts are rarely greater than 2 cm in diameter and should be left alone.</td>
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**Corpus Luteum**

![Corpus Luteum Image]
**Paratubal cyst**

Paratubal cysts are benign, but are often resected because they can be confused with ovarian anomalies on subsequent ultrasound evaluation.

![Paratubal Cyst](image-url)
Cystadenomas, while benign, do not generally resolve rapidly and thus often require resection in order to prove that cystadenocarcinoma is not present.
### Ovarian torsion

Right lower pain in women may be caused by ovarian torsion. The decision to resect or de-torse the ovary is based on viability and other gynecological factors.

![Ovarian Torsion Image](image-url)
Right groin with direct hernia

Laparoscopic evaluation of the abdominal wall can reveal a number of abnormalities including hernias, adhesions, or evidence of metastatic disease. Hernias of the abdominal wall include those of the groin, ventral or congenital origin. Classification of groin hernias requires identifying relevant landmarks in the groin. Hernias medial to the epigastric vessels are direct hernias. Those adjacent to the femoral vein are femoral hernias. Those lateral to the epigastric vessels are indirect hernias.
<table>
<thead>
<tr>
<th><strong>Recurrent inguinal hernias</strong></th>
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<tr>
<td>Recurrent hernias can also be seen easily in both the direct and indirect position.</td>
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![Recurrent Inguinal Hernias](image-url)
Left spigelian hernia

This is an example of a left spigelian hernia found in a patient with no previous surgery. Additionally, a variety of hernias can be seen on the anterior abdominal wall anywhere previously incised, such as spigelian hernias which occur at the junction of the semicircular and semilunar lines, or epigastric hernias, which occur in the midline between the xiphoid and the umbilicus.
Small bowel trocar site hernia

This image shows small bowel herniated through a trocar site from a previous laparoscopic surgery.
Metastatic esophageal disease

Examination of the abdominal wall may reveal other abnormalities such as metastatic disease. These lesions may not be seen on computed tomography and are relatively easy to biopsy. The image seen here was undetected on CT scan and was diagnosed prior to anticipated esophagectomy-laparotomy was avoided.
### Perforated gangrenous appendicitis

Diagnostic laparoscopy for appendicitis is a common procedure. This picture shows an example of a perforated gangrenous appendix. Obvious appendicitis is not difficult to recognize.

![Metastatic Esophageal Disease](image-url)
**Cytomegalovirus colitis in cecum**

Other appendiceal disease, such as appendiceal neuroma, carcinoid, cytomegalovirus, or carcinoma as causes for right lower quadrant pain, may be more difficult to discern. The arrow indicates cytomegalovirus colitis presenting in the cecum.
### Creeping fat

Mesenteric fat, creeping toward the antimesenteric border of the bowel wall, suggests a diagnosis of Crohn’s disease.

![Creeping Fat](image_url)
Small intestinal arteriovenous malformation

Small intestinal arteriovenous malformation in the ileum (indicated by the arrow) in a patient where laparoscopic exploration was undertaken for suspected Meckel’s diverticulum.
Kaposi’s Sarcoma in ileum

Examination of the intestines can lead to a number of findings and the laparoscope is valuable in examining the external anatomy of the small intestines. The image seen here is Kaposi’s Sarcoma in ileum. Atraumatic bowel forceps are recommended for handling the intestines.
For patients suspected of having an acute abdominal process after cardiac surgical procedures, laparoscopic exploration may reveal a number of findings including diverticular disease, cholecystitis, or necrotic bowel.
Ovarian carcinoma

This is an example of ovarian carcinoma in a patient with non-diagnostic cytology.
Post-renal transplant lymphocele can be treated with laparoscopic aspiration and subsequent fenestration. Intraoperative ultrasound is helpful to avoid injury to the transplanted kidney.
### Benign peritoneal mesothelioma

Diagnostic laparoscopy performed for a complex pelvic mass revealed this benign, peritoneal mesothelioma.
**Large uterine fibroid**

On occasion, the surgeon is confronted with an unexpected large mass. While this is cause for concern, many of these findings are benign, especially if the surface of the mass is smooth. Careful attention to anatomic detail will reveal the nature of these findings, which often include uterine fibroids, massive bladder enlargement, pregnancy (pre- or post-partum), or ovarian cyst. The image seen here is a large uterine fibroid (equivalent to 20-week pregnancy) discovered incidentally during cholecystectomy.
### Mottled macronodular cirrhosis

Laparoscopic examination of the liver is a useful aid in hepatic diagnosis. Biopsy of suspicious lesions can be performed with low morbidity. Biopsy of hemangiomas or livers with obvious increased portal pressures should be discouraged in order to avoid excessive bleeding. Metastatic cancer, cirrhosis, and hepatitis are usually recognized easily on visual inspection. The image seen here shows mottled macronodular appearance of the left lobe of the liver with cirrhosis of cardiac origin.

![Mottled Macronodular Cirrhosis](image-url)
Hepatic hemangiomas

Hepatic Hemangiomas are generally easily identified visually. Biopsy may result in significant hemorrhage and should be avoided.