

Journal of Surgery: Case Reports- Editorial

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Swathi P. Editorial Note for Surgery: Case Reports Journal. Surg Case Rep 2020;4:2.

Journal of Surgical Case Report commemorates its decade long service to the scientific community by consistently publishing peer-reviewed articles and tracking the progress and significant advancements in the field of case study. Ever since its inception in the year 2010, in addition to regular issue releases on a quarterly basis, this transdisciplinary journal is also releasing special issues and conference proceedings from time to time, thus comprehensively covering a wide range of topics and emerging challenges in case study. The journal focuses on gastroenterological surgery, cardiovascular surgery, thoracic surgery, breast and endocrine surgery, pediatric surgery, transplant surgery, and emergency surgery. In this issue some of the recent and impactful research articles that were published by the journal will be discussed.

As per the case report of laparoscopic management of bilateral irreducible Amyand's herniae in an infant, Sandesh et al. [1] reported their research work wherein, they have taken a 3 months old baby boy and had present to us with bilateral irreducible inguinal herniae. But later the herniae got clinically reduced during the manual reduction. The diagnostic laparoscopy showed a widely open left deep inguinal ring with edematous margins and no contents. Where as to the right side, the proximal half of the appendix was seen entering the hernia sac and the distal half was adherent with the sac, preventing its repositioning to right iliac fossa. The appendix was carefully dissected from the sac using a 3-mm monopolar hook cautery followed by its reposition into the abdomen. Both deep inguinal rings were closed by intracorporeal knotting using polyethylene 3-0 suture on 16 mm cutting needle. Postoperative course was uneventful. The patient is asymptomatic at 6 months follow-up postoperatively. In the present case, laparoscopy not only allowed simultaneous bilateral hernia repair but also allowed inspection of the bowel along with incidental diagnosis and management of Amyand's herniae.

In order to check the CT guided wire localization of a biopsy proven recurrent rectal adenocarcinoma in an inguinal lymph node, Bellini et al. [2] had taken a patient with recurrent very distal rectal adenocarcinoma metastasized to a right inguinal LN who underwent wire localization under CT scan guidance just prior to surgical excision and inguinal node dissection. We adjusted our incision to ensure not only the LN of interest was easily found and excised but also aesthetic closure based on its location. The node of interest proved to be recurrent metastatic rectal adenocarcinoma (proven preoperatively by a needle biopsy with clip placement to facilitate localization). We believe this technique to be useful for both localizing groin LN and allowing for optimal aesthetic closure.

These research articles published by the journal have immense relevance and significance in to check the laparoscopic management of bilateral irreducible Amyand's herniae in an infant and to check the CT guided wire localization of a biopsy proven recurrent rectal adenocarcinoma in an inguinal lymph node.

During the calendar year of 2019-2020, there were a total of two editors and also five Reviewers who have joined the board of Journal of SCR and have contributed their valuable services towards the contribution as well as in the publication of articles, and also their valuable reviewer comments which were beneficial for publishing the article with the good quality in the Journal.

References:

1. Sandesh VP, Rahul KG, Beejal S, et al. Laparoscopic management of bilateral irreducible Amyand's herniae in an infant. *Surg Case Rep.* 2019;3(1):6-7.
2. Bellini G, Heideman P, Ruggeri A, et al. CT guided wire localization of a biopsy proven recurrent rectal adenocarcinoma in an inguinal lymph node: A case report. *Surg Case Rep.* 2019;3(1):8-9.

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Received: July 06, 2020, Accepted: July 23, 2020, Published: July 30, 2020



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