

Case study : Partial Situs Inversus in a Morbidly Obese Female.

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#### Introduction

A 32 years old female presented with off & on mid chest pain and Morbid Obesity (BMI 41.41Sq. Mtrs) & secondary infertility. One FTND & she had a h/o ? liver problem.

#### Method

CT Chest/Abd/Pelvis showed Enlarged Mediastinal Lymph nodes and Partial Situs Inversus since there was no Dextr-Cardia.

Ba Meal FT also showed Situs Inversus. Haematology, Biochemistry, ECG, 2D Echo, Chest X-ray were normal.

Patient planned for a Sleeve Gastrectomy in a supine reverse Trendenburg' s position. Primary surgeon stood on the left of the patient. Camera 12 mm port in the supra-umbilical region, 12 mm port in the line of umbilicus in (L) mid-clavicular line, 5 mm port right epigastrium for liver retraction, another two 5 mm working ports either side of the mid abdomen.

Intra-operative findings: Large stomach on the right of abdomen, Liver extending from left to right, Spleen in the RHC region. Devascularisation of the greater curvature started from about 6 cms from the Pylorus to the right crus. Stomach resected with 32 F Bougie in the stomach. Staple line burried with 2-0 Ethibond suture. Abdominal drain placed. Ryles tube placed in the stomach.

#### Result

Patient' s recovery was uneventful. Patient started on oral liquids 20 hours after the surgery. Ryles tube was removed after 24 hours and drain after 30 hours.

#### Conclusion

Patient was totally asymptomatic so far GI tract was considered. It was only the surgical task for the surgeon because of the "Mirror-Image" effect.