

# Palmer's Point - A Boon Way to Enter Fully Occupied Abdomen - A Case Report

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**Abstract:** *Laparoscopic surgery has been widely used with wide range of benefits. Abdomen is entered routinely through umbilical point. But it is not possible in certain cases where alternate ways of entry like Palmer's point is preferred. Palmer's point could be considered in patients with suspected periumbilical adhesions, a history of umbilical hernia, after three failed attempts of insufflation at umbilicus and large pelvic pathologies. Here we report a case of huge ovarian cyst occupying up to epigastric region operated laparoscopically through palmer's point entry.*

**Keywords:** Palmer's point, Laparoscopy, ovarian cyst

## 1. Introduction

Palmer's point is described as the area in the left upper quadrant 3cm below the costal margin and in the midclavicular line. Raoul Palmer MD was a French gynaecologist who gave many contributions to laparoscopy. The risk of injuring retroperitoneal structures when inserting laparoscopic instruments at Palmer's point is unknown. It is indicated in cases where umbilical point of entry is at risk as in periumbilical adhesions or large pelvic tumors. Here we report a case of young woman with huge ovarian cyst who underwent safe laparoscopic cyst excision through Palmer's point entry.

## 2. Case Report

A 24 years old, young married nulliparous woman, weighing 66kg reported with history of irregular menstrual bleed and abdominal distension since 6 months. Menstrual history revealed polymenorrhoea. No history of surgeries in the past. Abdomen examination showed distended abdomen, soft, no guarding/rigidity. No free fluid. Bowel sounds heard normally. Physical examination of external genitalia showed normal finding except mild vaginitis. Cervix appeared normal. On pervaginal examination, uterus could not be separately palpated and right fornix was full. Renal function and liver function tests were within normal limits. Ultrasound of abdomen and pelvis revealed a huge simple anechoic cyst of size 20x20x8cm; volume-1755 ml; noted in midline of abdominopelvic region, superiorly extending upto epigastric region. No internal solid components seen suggesting huge simple ovarian cyst. Her serum CA-125 was 11U/ml. Uterus and left ovary was normal. Hence laparoscopic excision was planned in view of benign appearance. Since cyst was extending upto epigastric region, umbilical point, Lee Huang point of entry is not possible. Hence, Palmer's point entry of optical source was planned. Since it is difficult to create pneumoperitoneum, direct entry of trocar was tried which went close to surface of cyst.[3]. Through the port, puncture and aspiration of cyst done. Around 1700ml of clear fluid aspirated and then ovarian cystectomy was preceded easily.

A low CA-125 and the benign appearance of the ovary allowed the operation to continue laparoscopically with uneventful and quick postoperative recovery. The histology

of specimen demonstrated a benign epithelial serous cystadenoma of ovary.



Figure 1: Ultrasound appearance of cyst Partial aspiration



Figure 2: Laparoscopic view of the cyst after

## 3. Discussion

Palmer's point entry I.e Left Upper Quadrant [LUQ] approach can be used in previous open abdominal surgery,

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surgery in second trimester of pregnancy, presence of large pelvic mass, previous Transverse Rectus Abdominis myocutaneous flap for breast reconstruction, previous peri umbilical hernia repair and previous laparoscopic umbilical wound dehiscence[1].Instrument insertion at Palmer's point perpendicular to the skin in the axial plane and 45 degree caudally in relation to patient's spine might offer an increased margin of safety[4].Nowadays with iaparoscopy, such huge cysts can be removed through minimal access and where routine point of entry is not possible as in our case where cyst occupies entire abdomen except hypochondriae, Palmer's point entry is the best way of approach.

#### 4. Conclusion

The LUQ approach is an effective, safe and easy technique for peritoneal cavity access in patients with large pelvic mass as in our case.

#### 5. Compliance with Ethical Standards

**Ethical approval:** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institution.

**Informed consent:** Informed consent was obtained from the patient involved in the study.

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