ΠΑΘΗΣΕΙΣ ΤΟΥ ΠΕΡΙΤΟΝΑΙΟΥ:
ΤΙ ΠΡΕΠΕΙ ΝΑ ΓΝΩΡΙΖΕΙ Ο ΚΛΙΝΙΚΟΣ ΓΑΣΤΡΕΝΤΕΡΟΛΟΓΟΣ

Ψευδομύξωμα του Περιτοναίου

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Γαστρεντερολόγος
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Δήλωση Σύγκρουσης Συμφερόντων

Καμία

Ψευδομύξωμα Περιτοναίου: Ένα σπάνιο νόσημα

ACPMP
APPENDIX CANCER
PSEUDOMYXOMA PERITONEI
RESEARCH FOUNDATION

RARE CANCER DAY
OCTOBER 1, 2019

Appendix Cancer & Pseudomyxoma Peritonei

Appendix Cancer
- Appendix cancer starts with a tumor in the cells inside of appendix
- Many different types of tumors
- Frequently spread inside abdominal cavity
- Depending on tumor type, can lead to condition called **peritoneal carcinomatosis** or **peritoneal surface malignancy**

Pseudomyxoma peritonei (PMP)
- Accumulation of mucinous tumor cells within abdomen/pelvis
- Spreads throughout surrounding surfaces

Incidence, Symptoms, Diagnosis

2 in a million
- **Cancers & tumors of the appendix are extremely rare**
- Average age of onset is 50-55 years
- Affects men and women equally

Symptoms
- Appendix cancer & PMP often misdiagnosed
- Abdominal pain, bloating, hernia, & ovarian cysts in women

Diagnosis
- Appendix cancer & PMP sometimes discovered during unrelated surgery
- CT Scan, MRI, diagnostic laparoscopy, tumor marker blood test

Treatment

Surgery &/or Systemic Chemo
- Dependent on stage and subtype, and whether localized or has spread
- When spread, intravenous chemotherapy and/or surgery

Cytoreductive Surgery (CRS) / Heated Intraperitoneal Chemotherapy (HIPEC)
- Indicated when tumors have spread throughout abdomen; chemo heated and applied directly
- "Mother Of All Surgeries"
- Provides survival in up to 90% of patients with low-grade pathology when properly diagnosed
- When misdiagnosed, patients less likely to benefit from CRS/HIPEC, some never offered it

“Stand Alone Disease”

Specialized Tumor Board

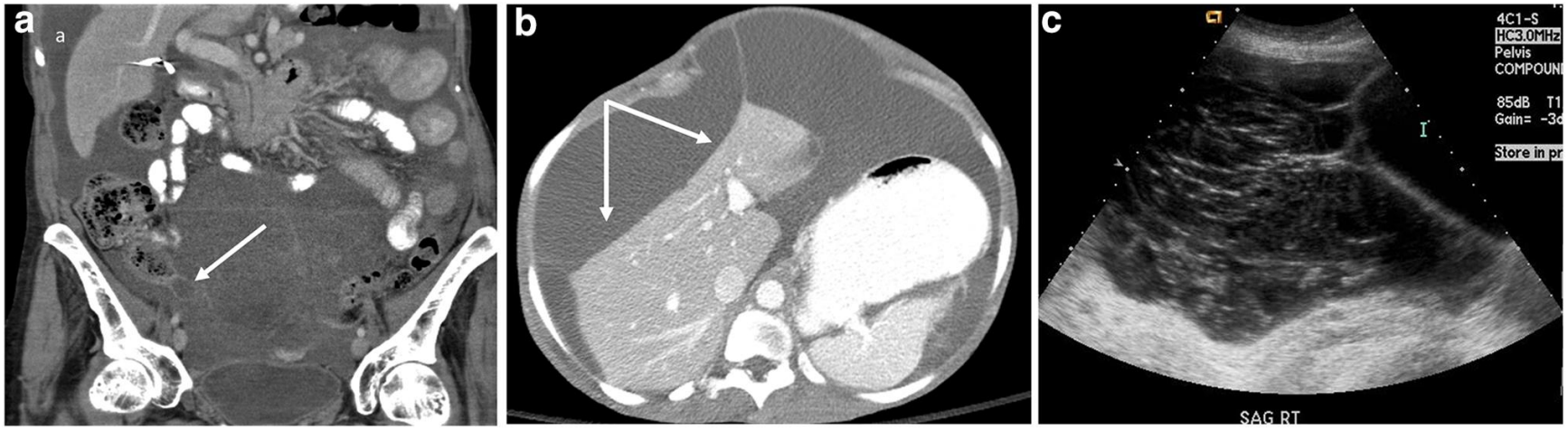
Surgical Oncology

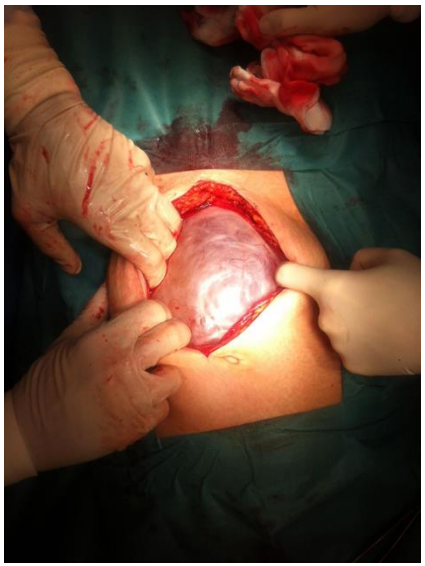
Radiology

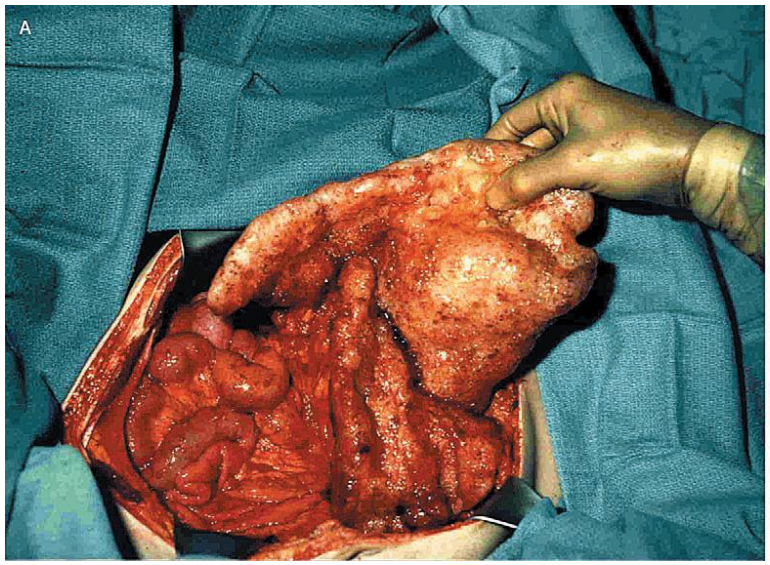
Pathology

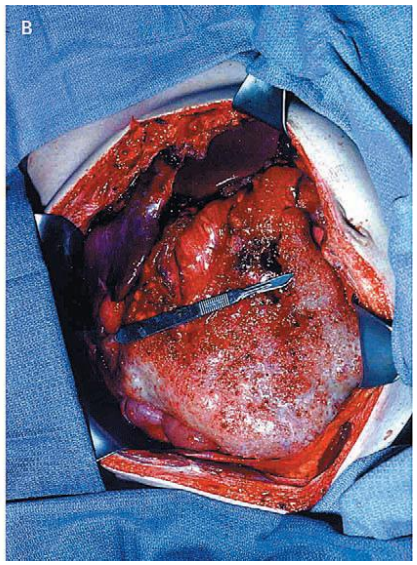
Medical Oncology

Pseudomyxoma Peritonei Syndrome









Van Hooser, Abdom Radiol 2018
Sugarbaker, Lancet 2006

Pseudomyxoma Peritonei-PMP
Κλινική Παρουσίαση

	Men (n=105)	Women (n=112)
Appendicitis	36 (34%)	22 (20%)
Increased abdominal girth	28 (27%)	21 (19%)
Ovarian mass	NA	44 (39%)
Hernia	26 (25%)	4 (4%)
Ascites	5 (5%)	4 (4%)
Abdominal pain	5 (5%)	3 (3%)
Other	5 (5%)	14 (13%)

NA=not applicable

Table 2: Frequency of symptoms and signs of pseudomyxoma peritonei syndrome[10]

Sugarbaker, Lancet 2006
Esquivel, Br J Surgery 2000

Pseudomyxoma Peritonei-PMP
Επιδημιολογία

- Ενδοπεριτοναϊκοί βλεννώδεις όγκοι, Βλεννώδης Ασκίτης
- **Ρήξη Βλεννώδους Νεοπλάσματος Σκωληκοειδούς**
- Επίπτωση 1 (2/3) στο εκατομμύριο
- $4^{η}$-$6^{η}$ δεκαετία
- Borderline Malignant/Locoregional Disease
- Προχωρημένη Νόσος:

-Εντερική Απόφραξη, Αποφρακτική Ουροπάθεια

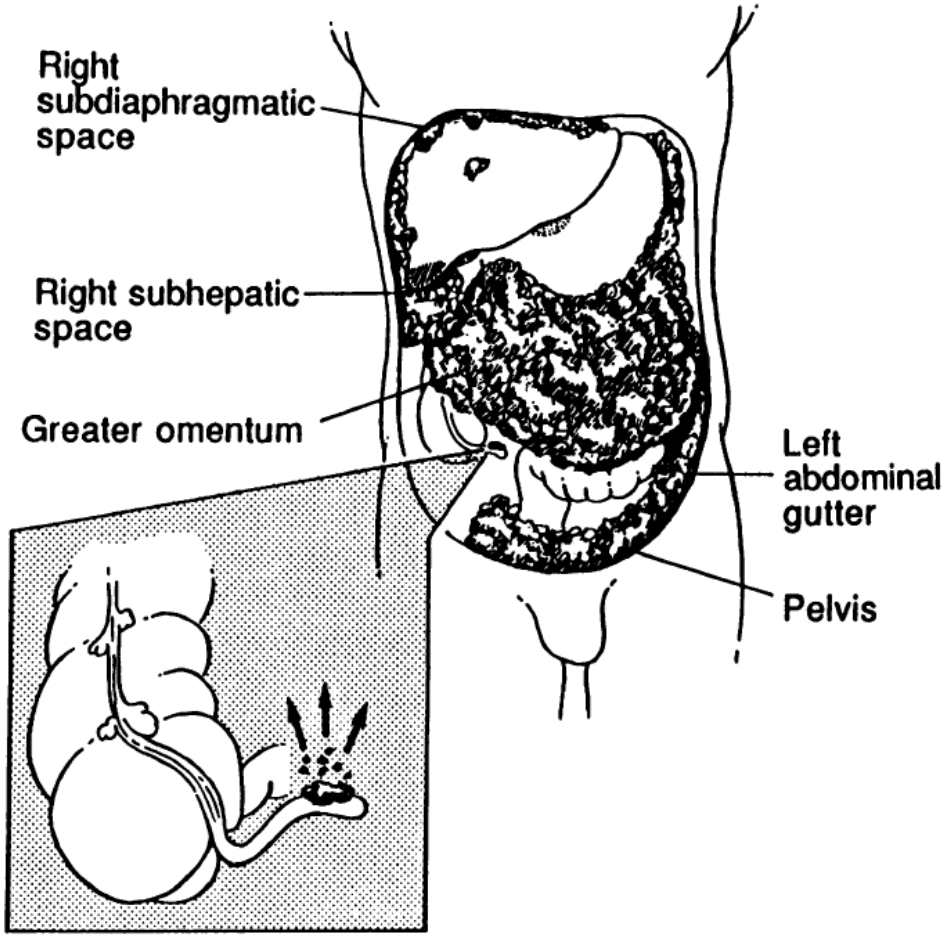
-Επηρεασμένη Ποιότητα Ζωής

Επιθηλιακά Νεοπλάσματα Σκωληκοειδούς Ογκολογική Ιδιαιτερότητα

Νεοπλάσματα Σκωληκοειδούς	≠	**Νεοπλάσματα Παχέος Εντέρου**
Επίπτωση: σπάνια (1500 σε Η.Π.Α.)		Επίπτωση: συχνή (150,000 σε Η.Π.Α.)
Βλεννώδη: 85%		Βλεννώδη: 15%
Επιθετική Ιστολογία: 10%		Επιθετική Ιστολογία: 95%
Μεταστάσεις σε Λεμφαδένες: 2%		Μεταστάσεις σε Λεμφαδένες: 50%
Μεταστάσεις σε Ήπαρ: 2%		Μεταστάσεις σε Ήπαρ: 20%
5ετής Επιβίωση: 30%		5ετής Επιβίωση: 70%
(συμβατικό χειρουργείο)		(συμβατικό χειρουργείο)
Χημειοθεραπεία;		Χημειοθεραπεία: √

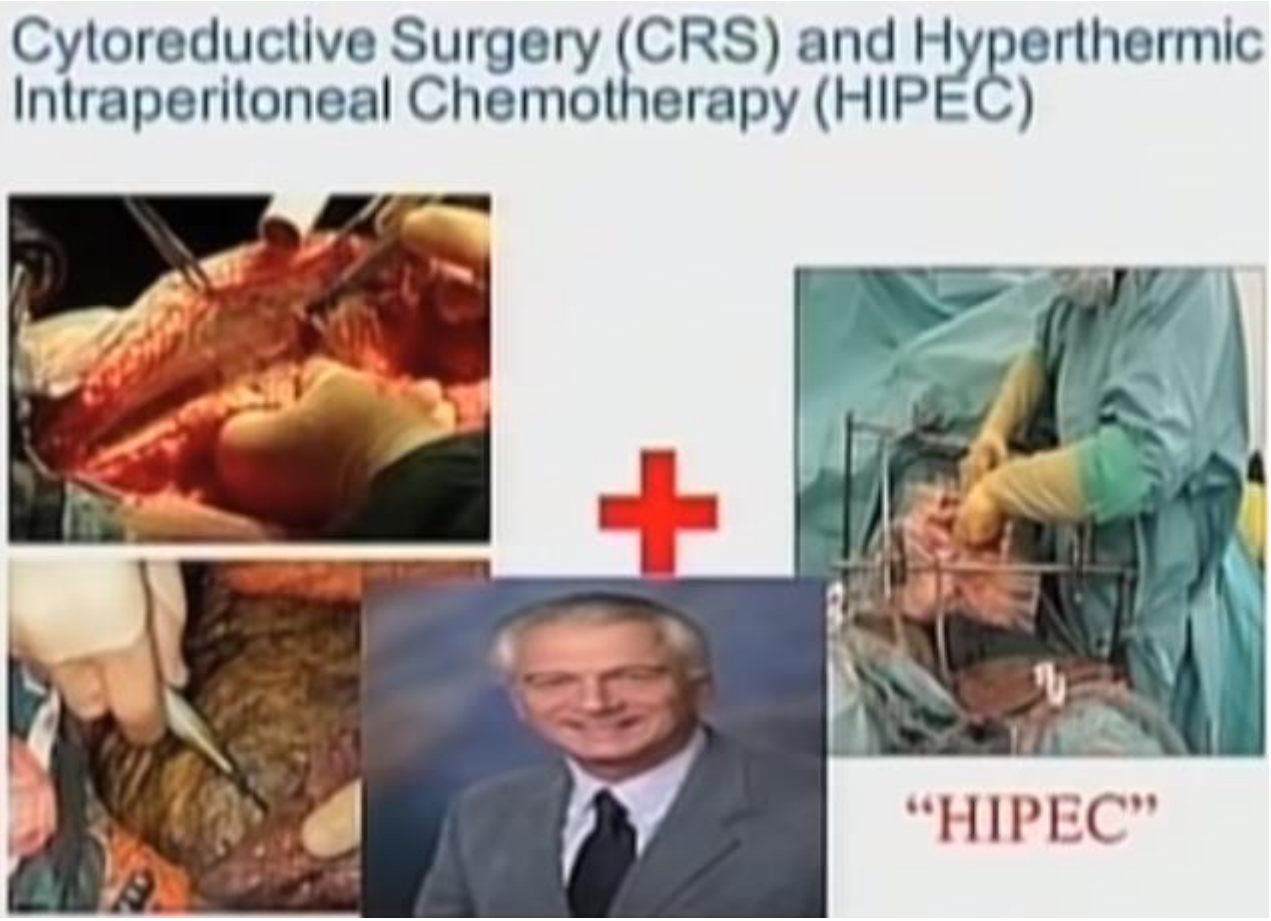
Sugarbaker, Lancet 2006
Fallis, JBUON 2015

Pseudomyxoma Peritonei: The Restribution Phenomenon

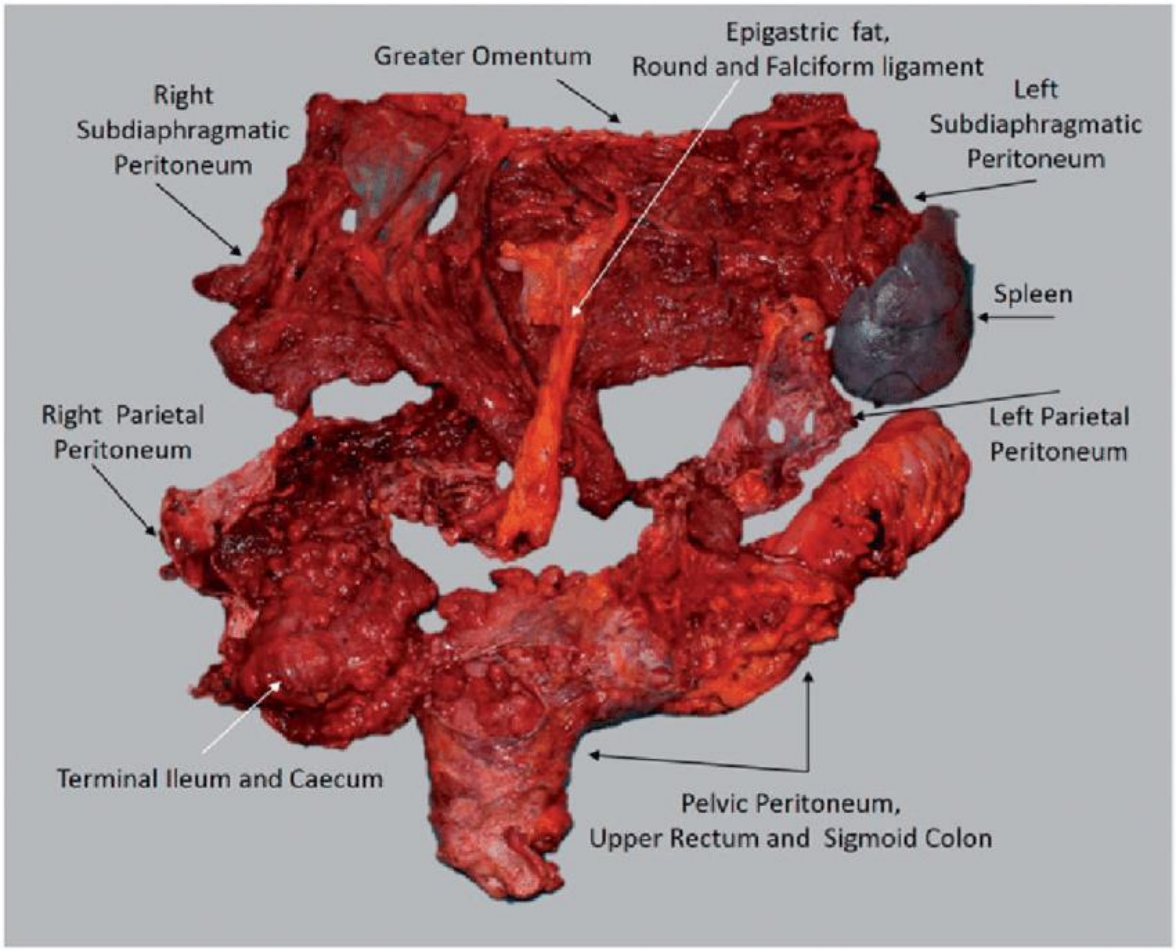


Sugarbaker, Annals of Surgery 1994

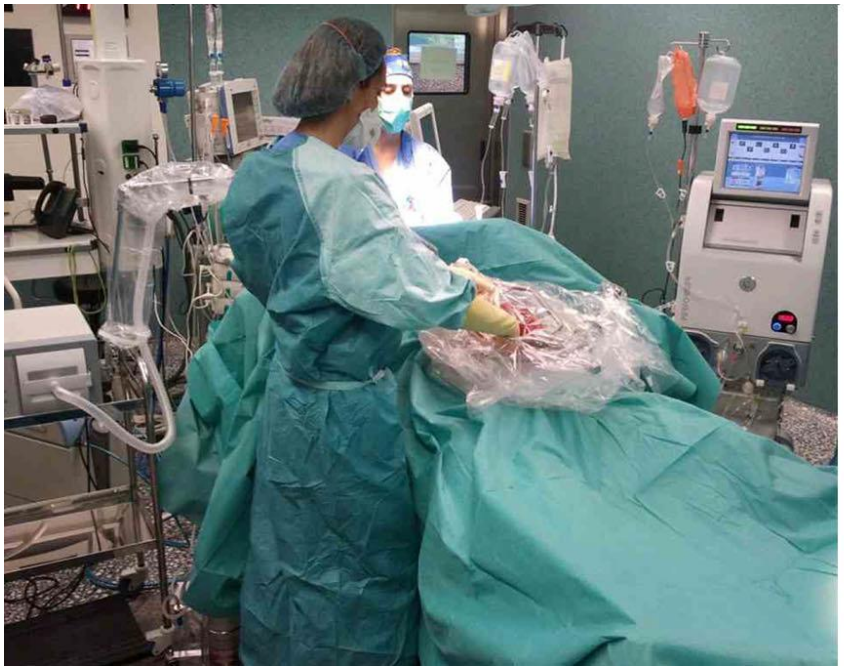
Pseudomyxoma Peritonei
Θεραπεία

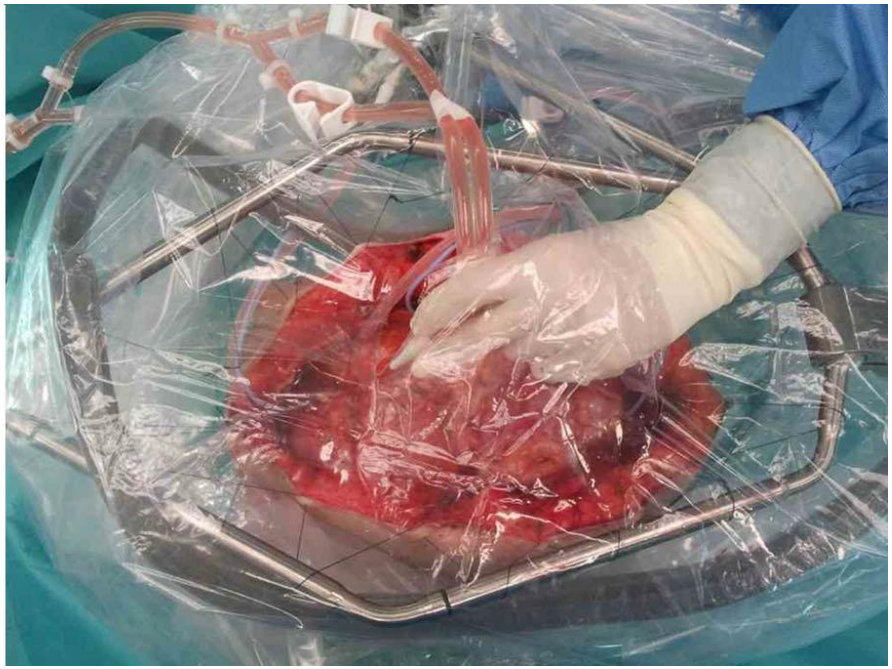


CRS+HIPEC
The Mother of All Surgeries!



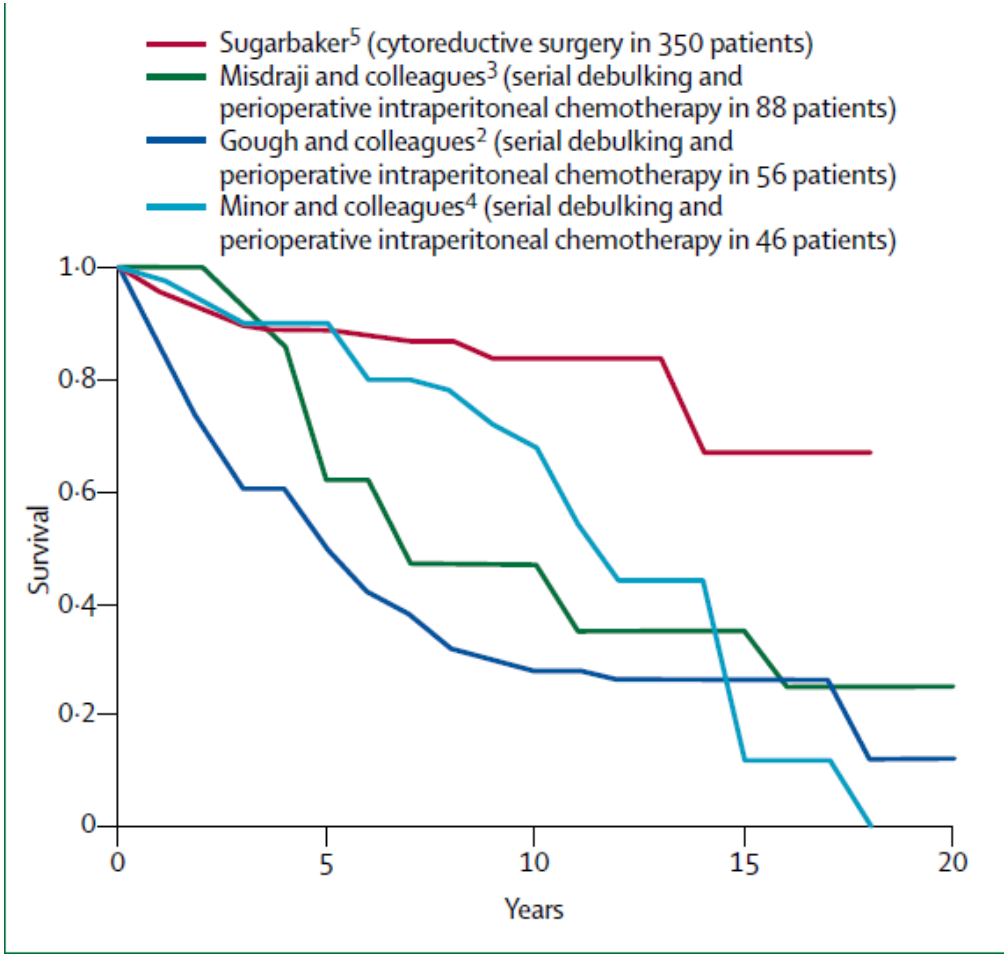
HIPEC: Coliseum Modality





Pseudomyxoma Peritonei-Surgery

Debulking, Cytoreductive, Perioperative Intraperitoneal Chemotherapy



CRS+HIPEC: Αποτελεσματικότητα

15year Survival: 59%

CCR0: complete
CCR1: <2.5 mm
CCR2: 2.5 mm-2.5 cm
CCR3: >2,5 cm

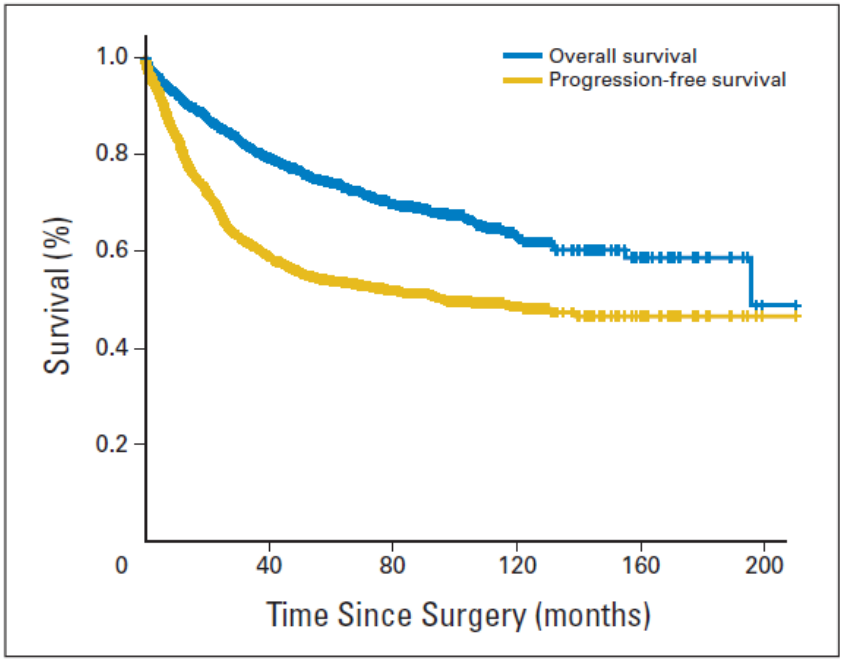


Fig 1. Overall survival and progression-free survival rates of 2,298 patients with appendiceal pseudomyxoma treated with cytoreductive surgery and hyperthermic intraperitoneal chemotherapy.

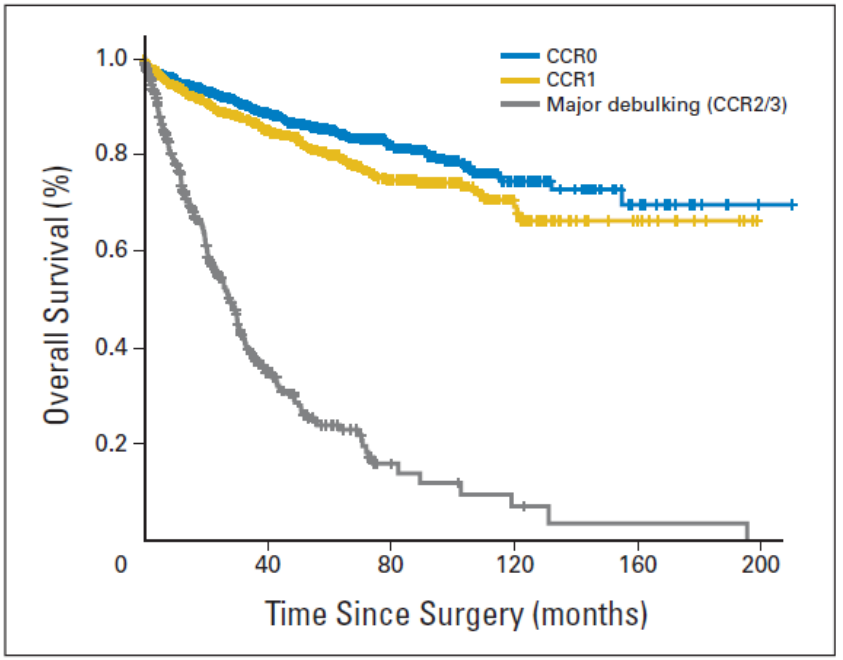


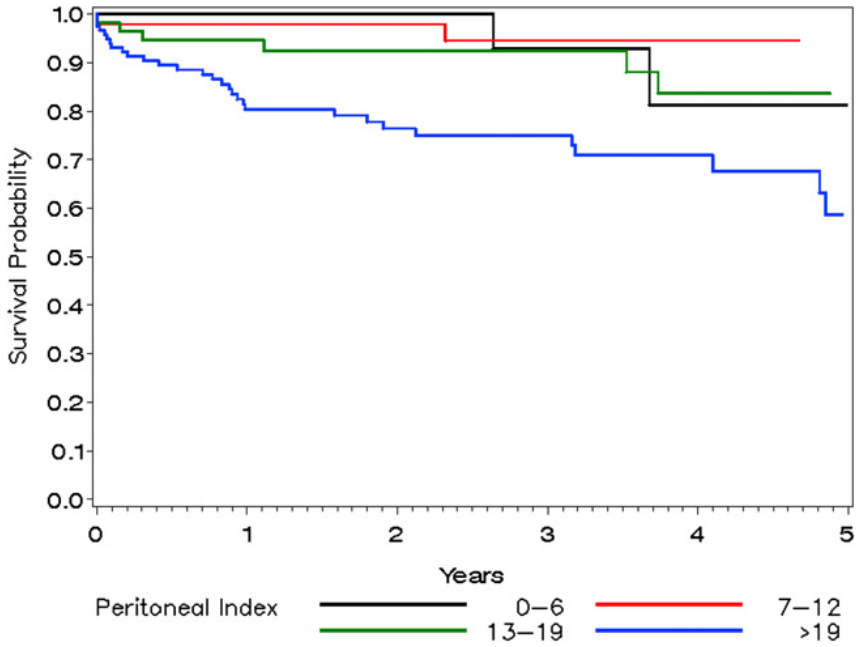
Fig 2. Prognostic impact of completeness of cytoreduction (CCR) in surgery on overall survival ($P < .001$).

Mortality: 2%, Complications: 24%

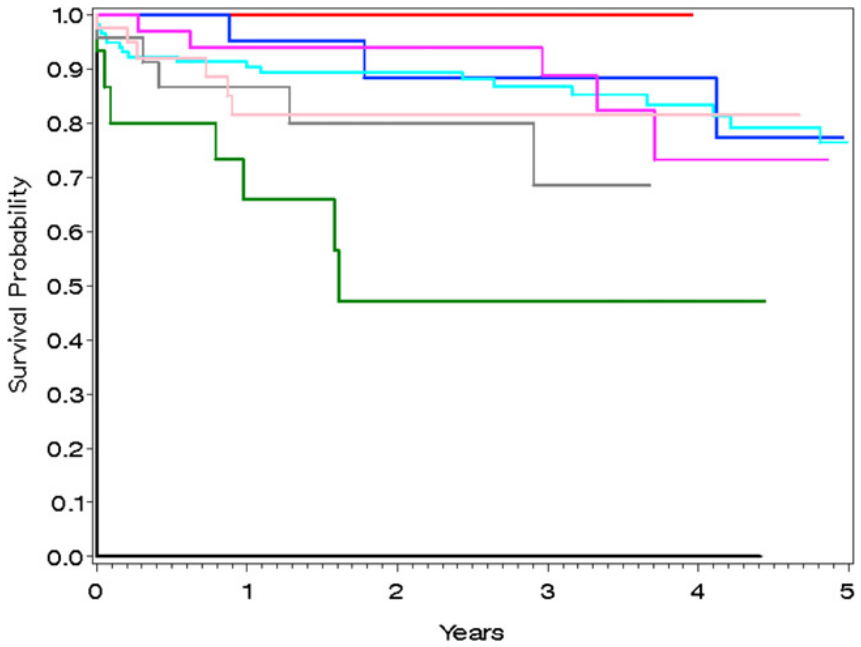
Chua, J Clin Oncol 2012

CRS+HIPEC: SOC?

Survival and Peritoneal Index



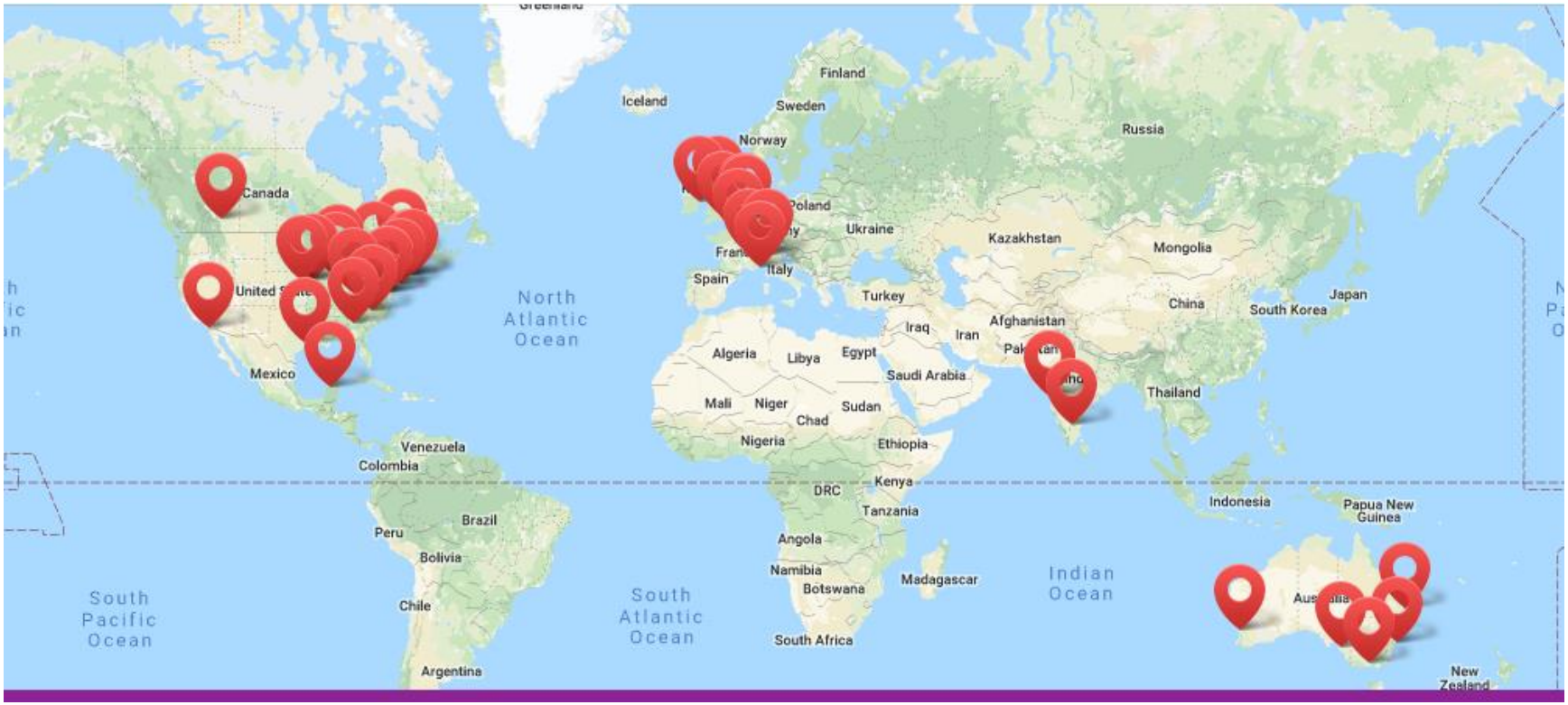
Survival and Surgical Center



Mortality: 4.4%, Morbidity: 40%

Elias, EJSO 2010

Ψευδομύξωμα Περιτοναίου και Χειρουργείο: Εξειδικευμένα Κέντρα Αναφοράς



www.pseudomyxomasurvivor.org

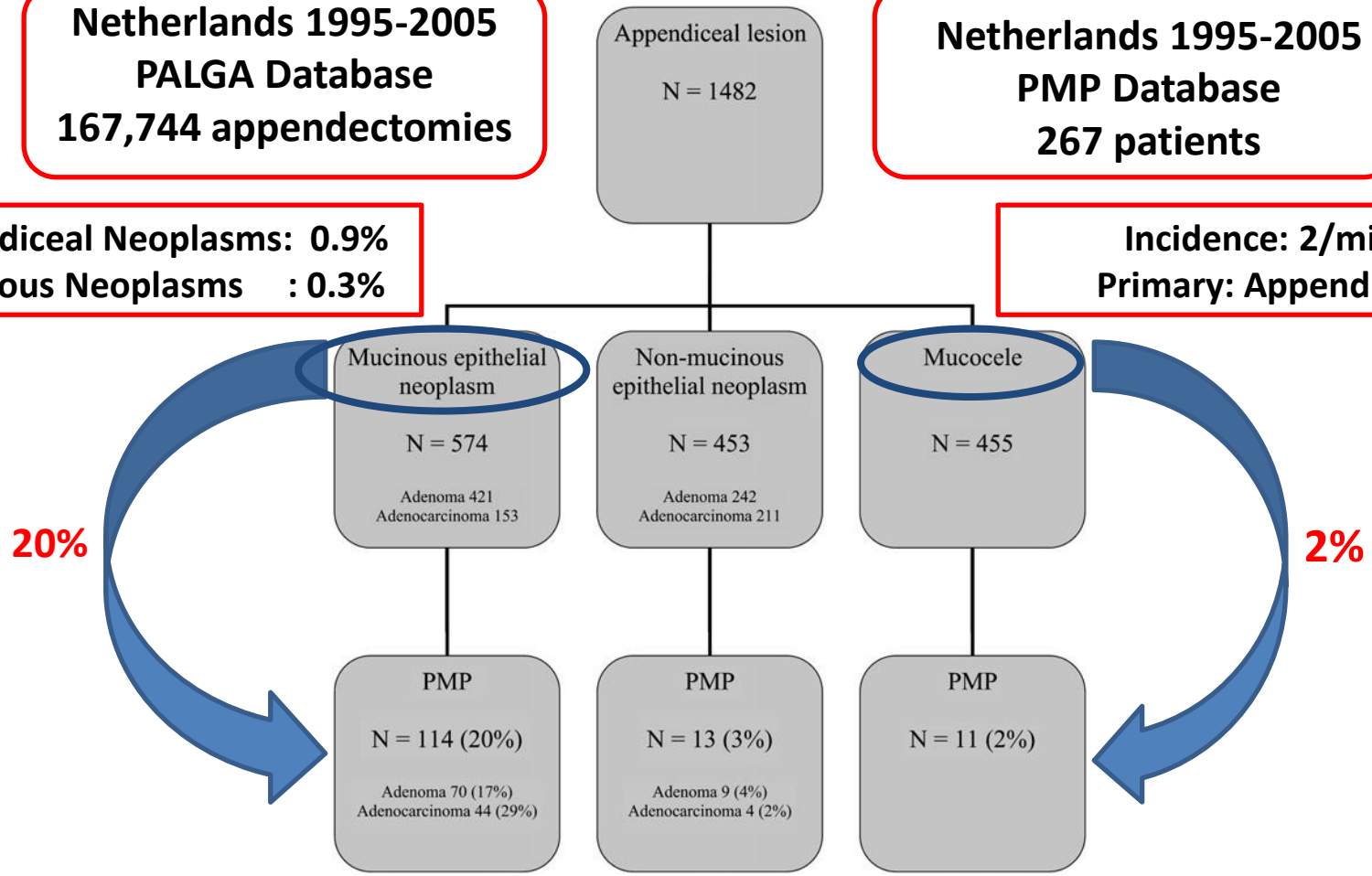
From Appendiceal Lesions to PMP

Netherlands 1995-2005
PALGA Database
167,744 appendectomies

Netherlands 1995-2005
PMP Database
267 patients

Appendiceal Neoplasms: 0.9%
Mucinous Neoplasms : 0.3%

Incidence: 2/million
Primary: Appendix 82%

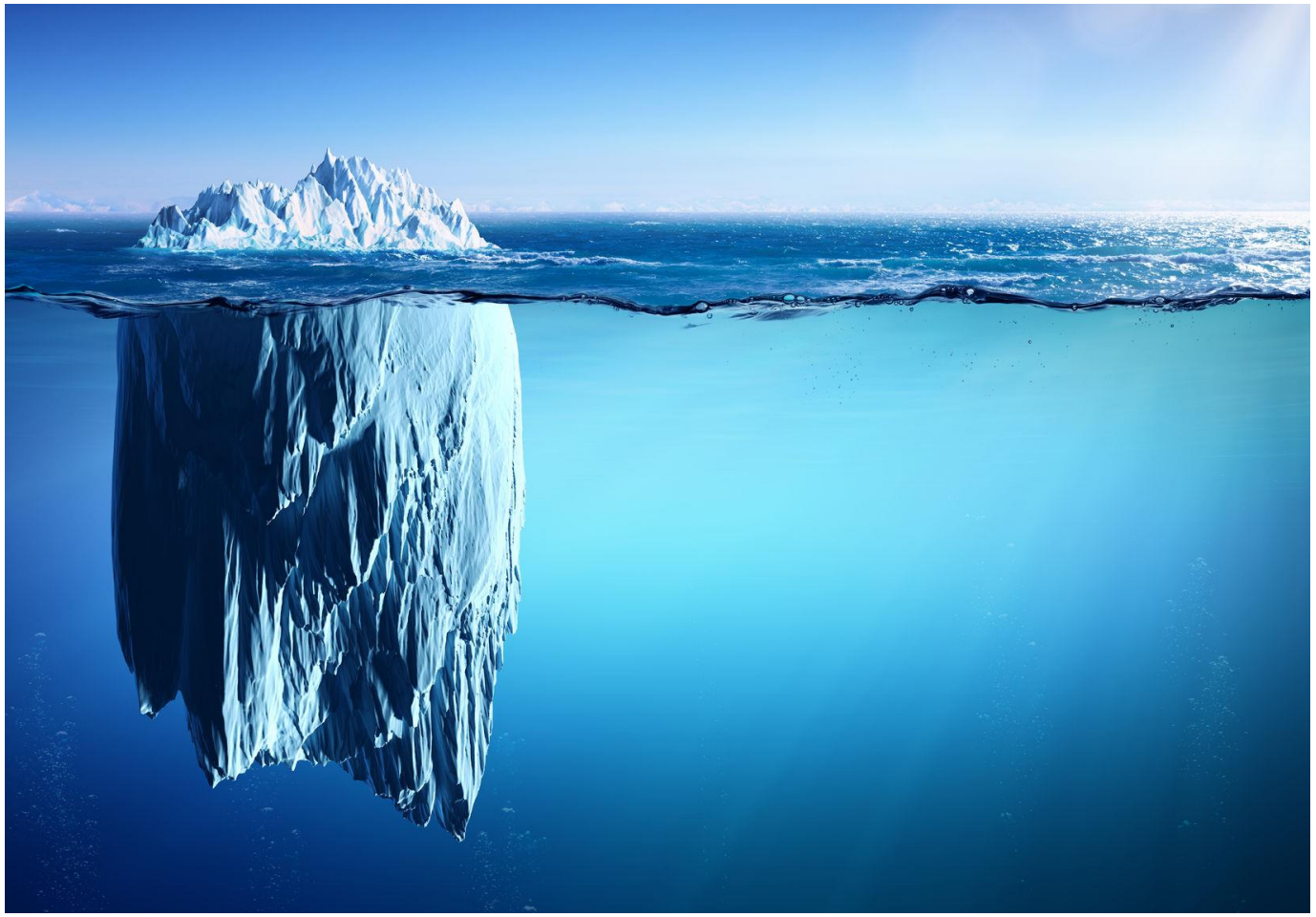


Colonic Neoplasm: 13%

Median Time to PMP: 2 years

Smeenk, EJSO 2008

Pseudomyxoma Peritonei



Appendiceal Mucocele

Aggressive Surgical Approach

Appendiceal Mucocele

Κολονοσκοπική Διάγνωση Βλεννοκήλης

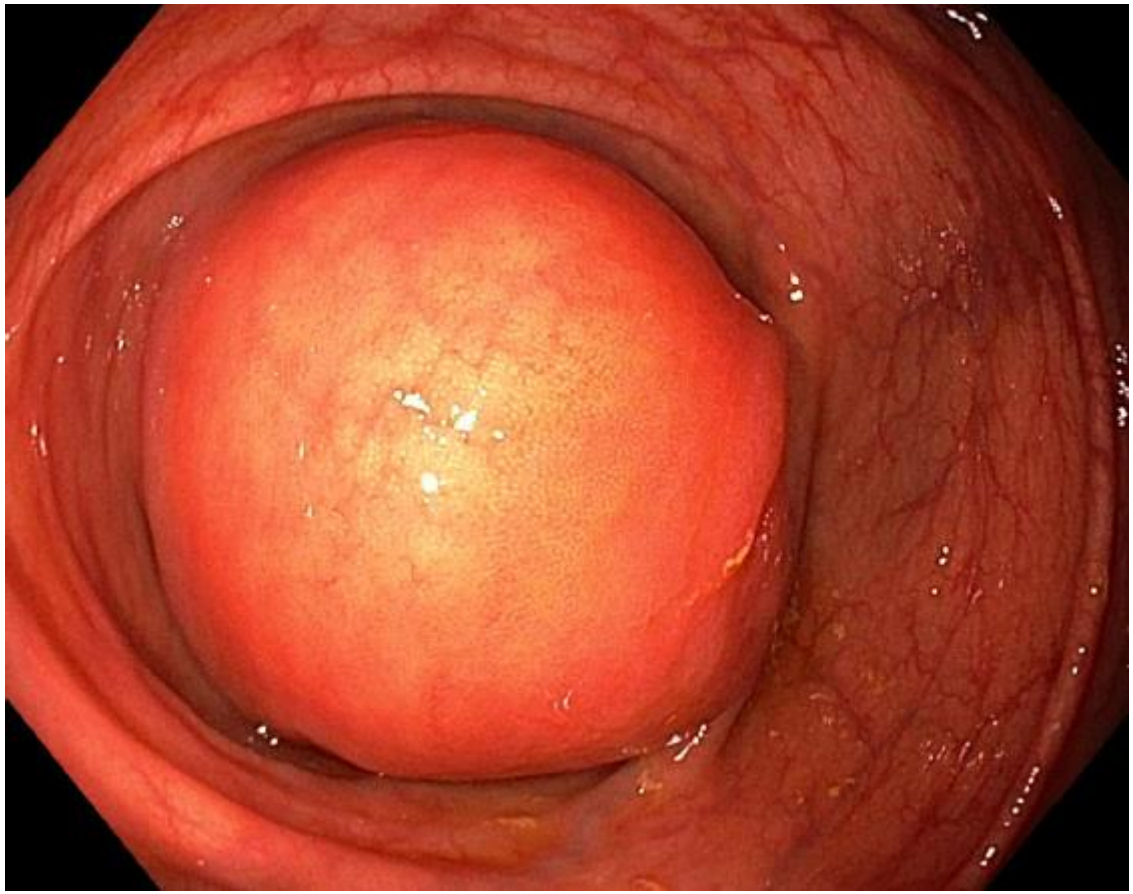
TABLE 1. Data obtained for 7 patients with colonoscopically diagnosed mucocele of the appendix

	1	2	3	4	5	6	7
Age, y	38	39	52	57	70	49	60
Gender	M	F	F	F	F	F	F
Symptoms	Low pain; hematochezia	RLQ pain; hematochezia	—	—	RLQ pain	Diarrhea; epigastric pain	RLQ pain
Barium enema	Cecal filling defect	Cecal filling defect	—	—	Cecal filling defect	—	—
Colonoscopy; indication	Symptoms; BE findings	Symptoms; BE findings	UC; surveillance	Screening	Symptoms; BE findings	Symptoms	Symptoms
Colonoscopy findings	Submucosal cecal lesion at appendiceal orifice	Glassy, rounded, protruding mass from appendiceal orifice	Submucosal cecal lesion at appendiceal orifice	Submucosal cecal lesion at appendiceal orifice	Submucosal cecal lesion at appendiceal orifice	Submucosal cecal lesion at appendiceal orifice	Submucosal cecal lesion at appendiceal orifice
CT report	—	—	—	Normal	—	Mucocele; appendix	Mucocele; appendix
Surgery	+	+	+	+	+	+	+
Complications	—	—	—	—	—	—	Wound; abscess
Pathology	Mucinous; cystadenoma	Mucinous; cystadenoma	Mucinous; cystadenoma	Mucinous; cystadenoma	Mucinous; cystadenoma	Mucinous; cystadenoma	Mucinous; cystadenoma

RLQ, Right lower quadrant; *BE*, barium enema; *UC*, ulcerative colitis.

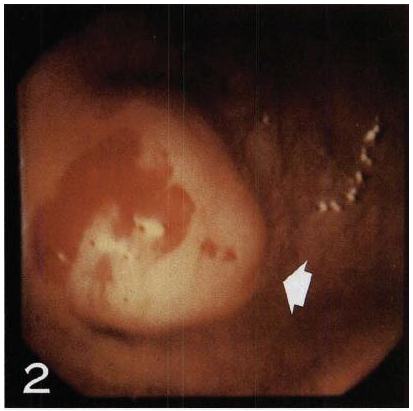
Zanati, Gastrointest Endosc 2005

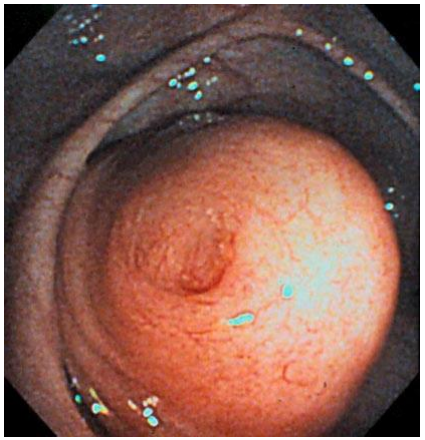
Η κλασική Ενδοσκοπική Εικόνα

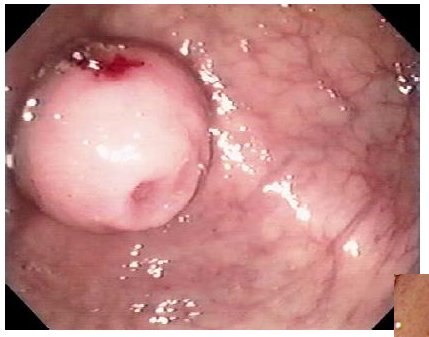


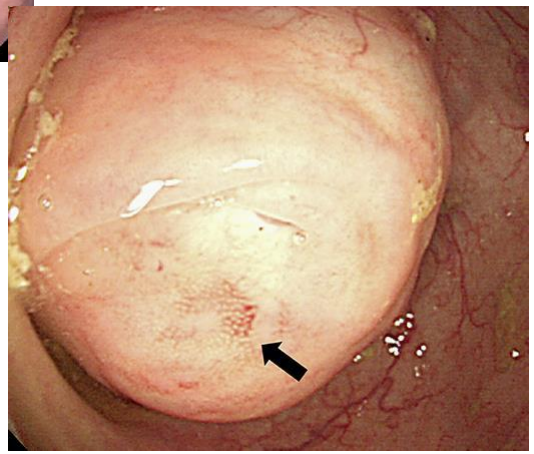
Ma, Gastrointest Endosc 2017

The Volcano Sign



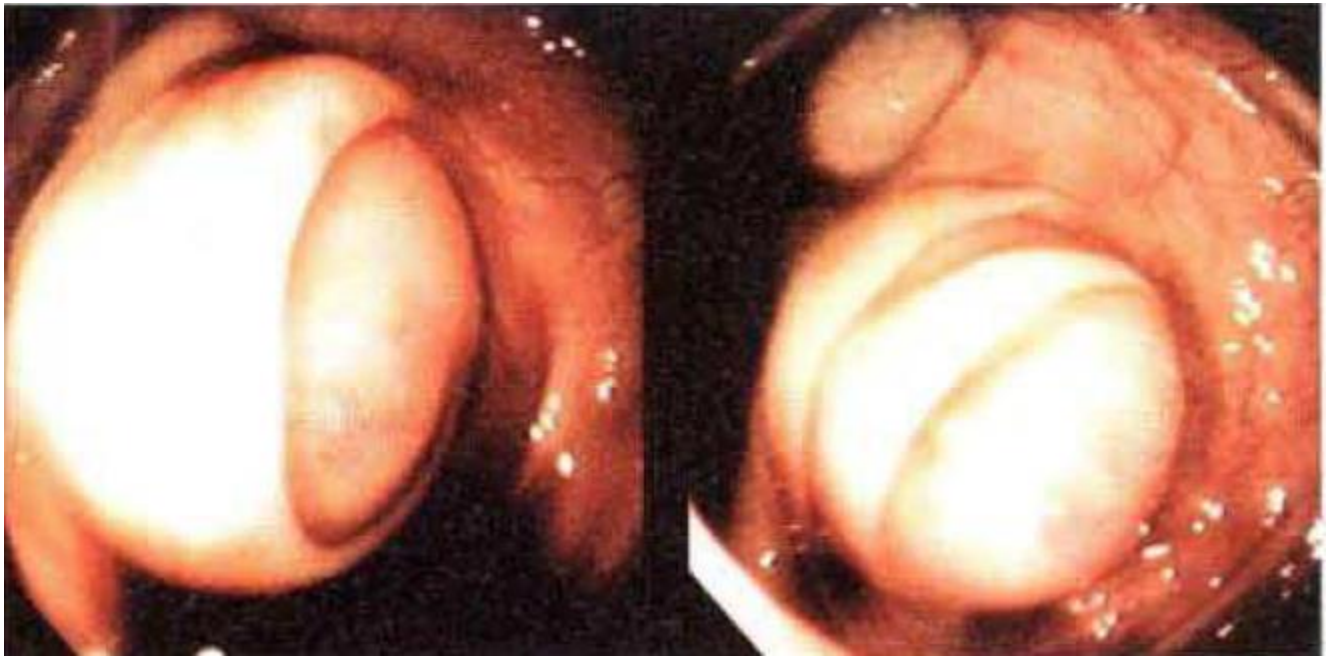






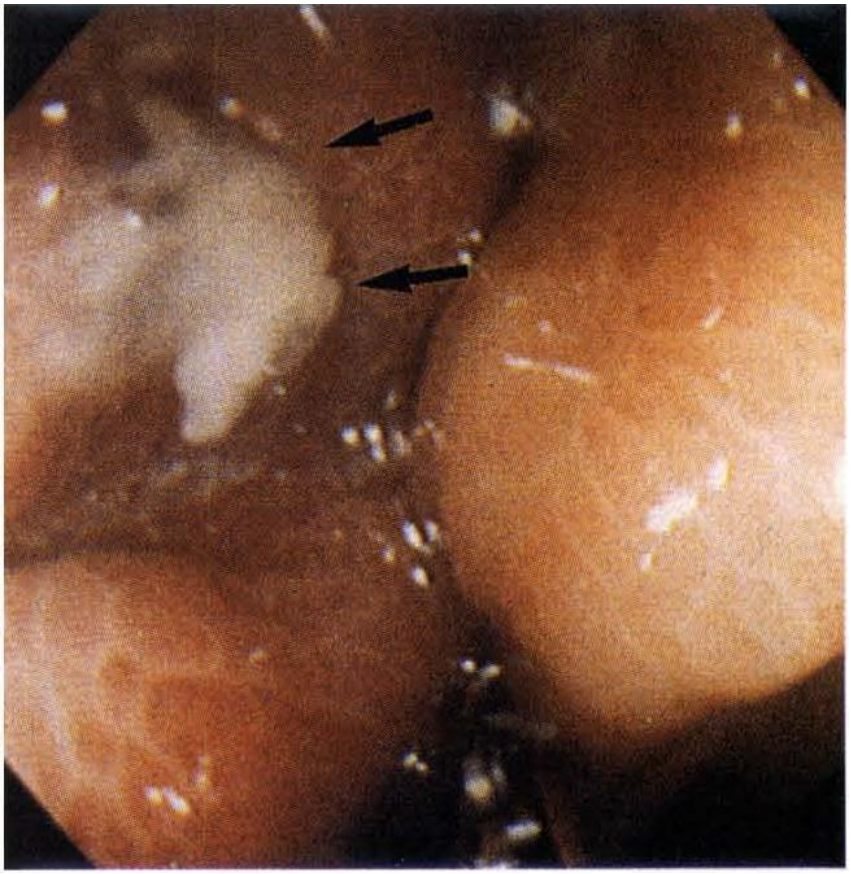
Hamilton, Gastrointest Endosc 1989

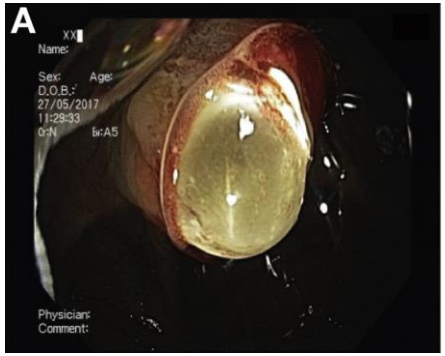
The Trapped Balloon sign

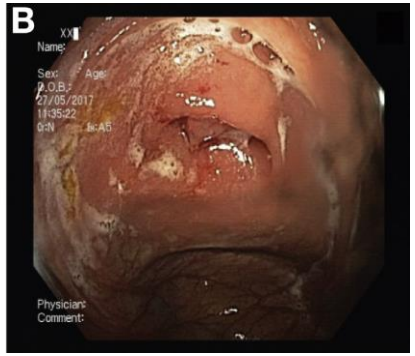


Raijman, Endoscopy 1994

Έξοδος Βλέννης

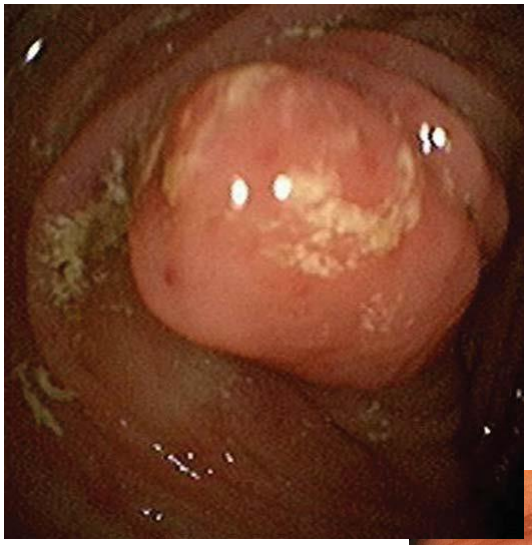


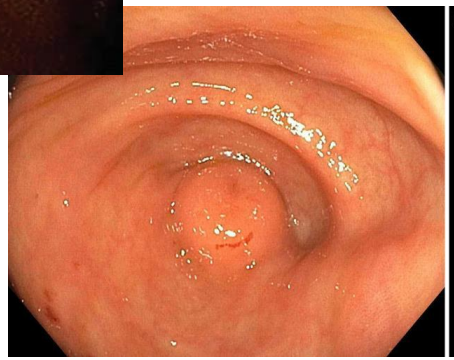


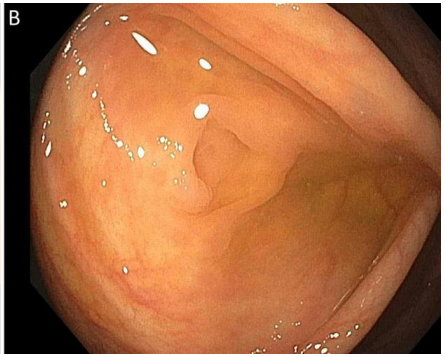


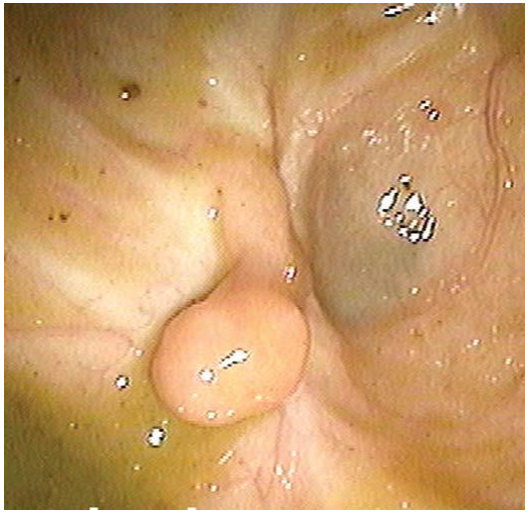
Nakagawa, Gastrointest Endosc 1994

Inverted Appendiceal Stump



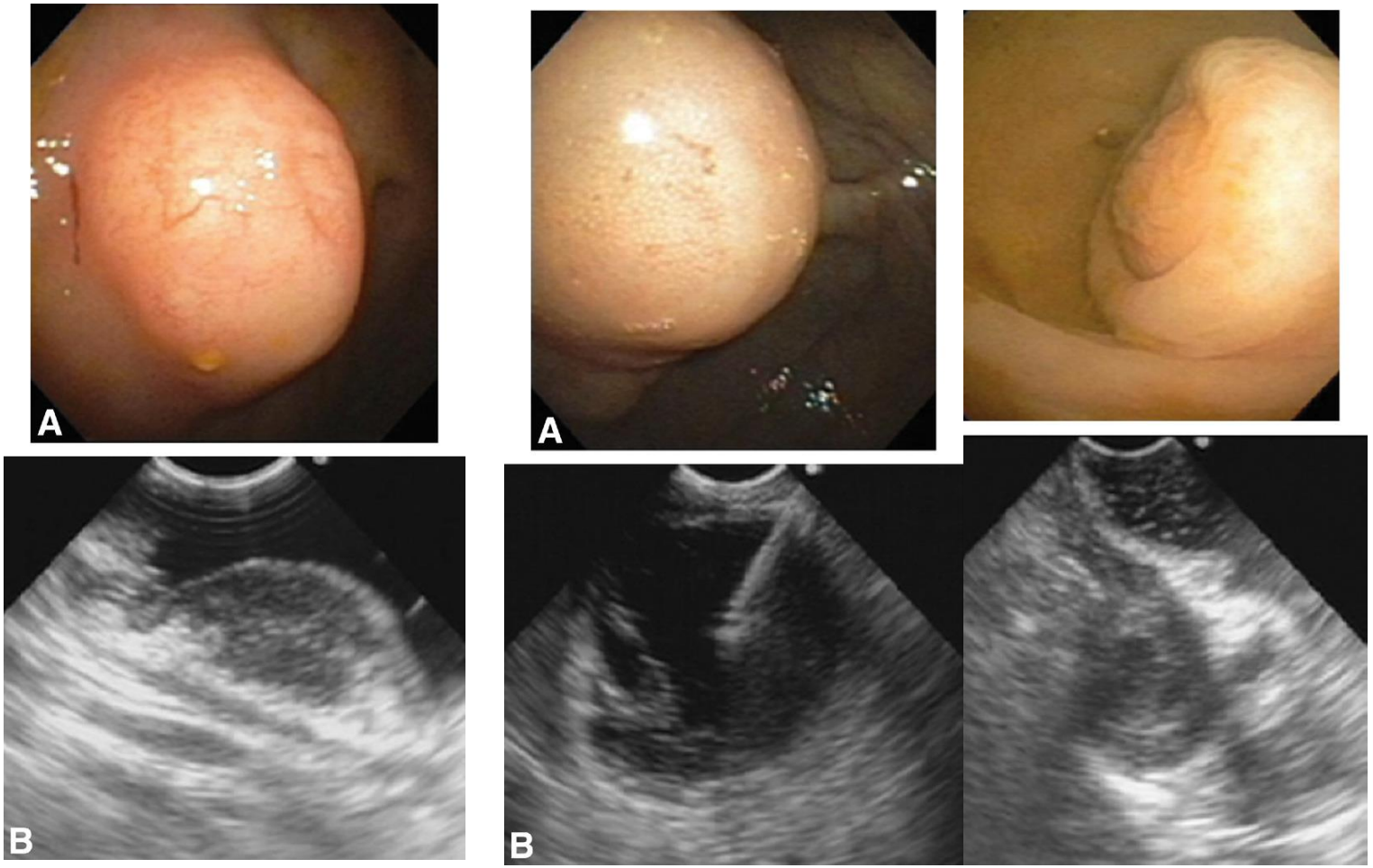






Prout, AJR 2006

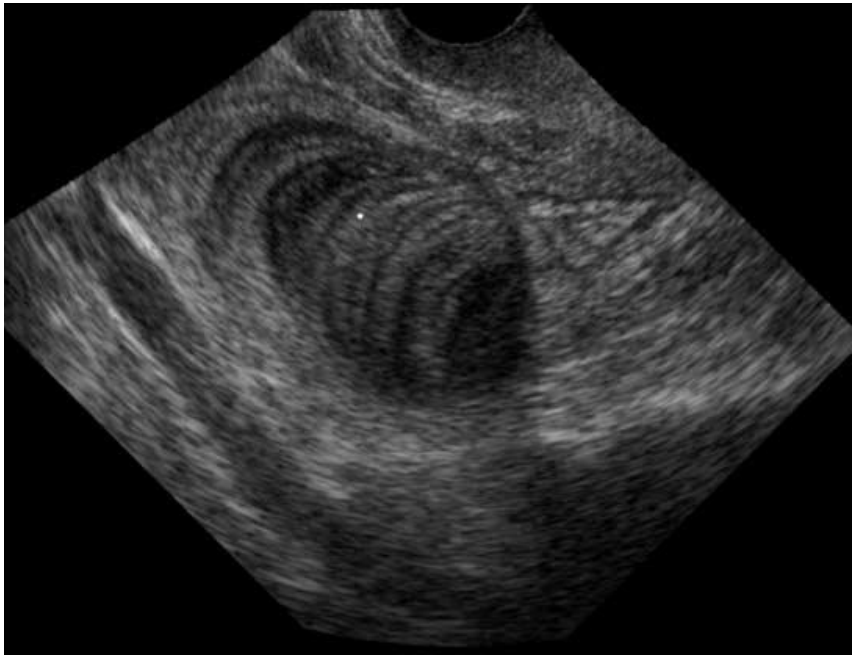
Endoscopic Ultrasonography?



Lymphoma **Mucinous Cystadenoma** **GIST**

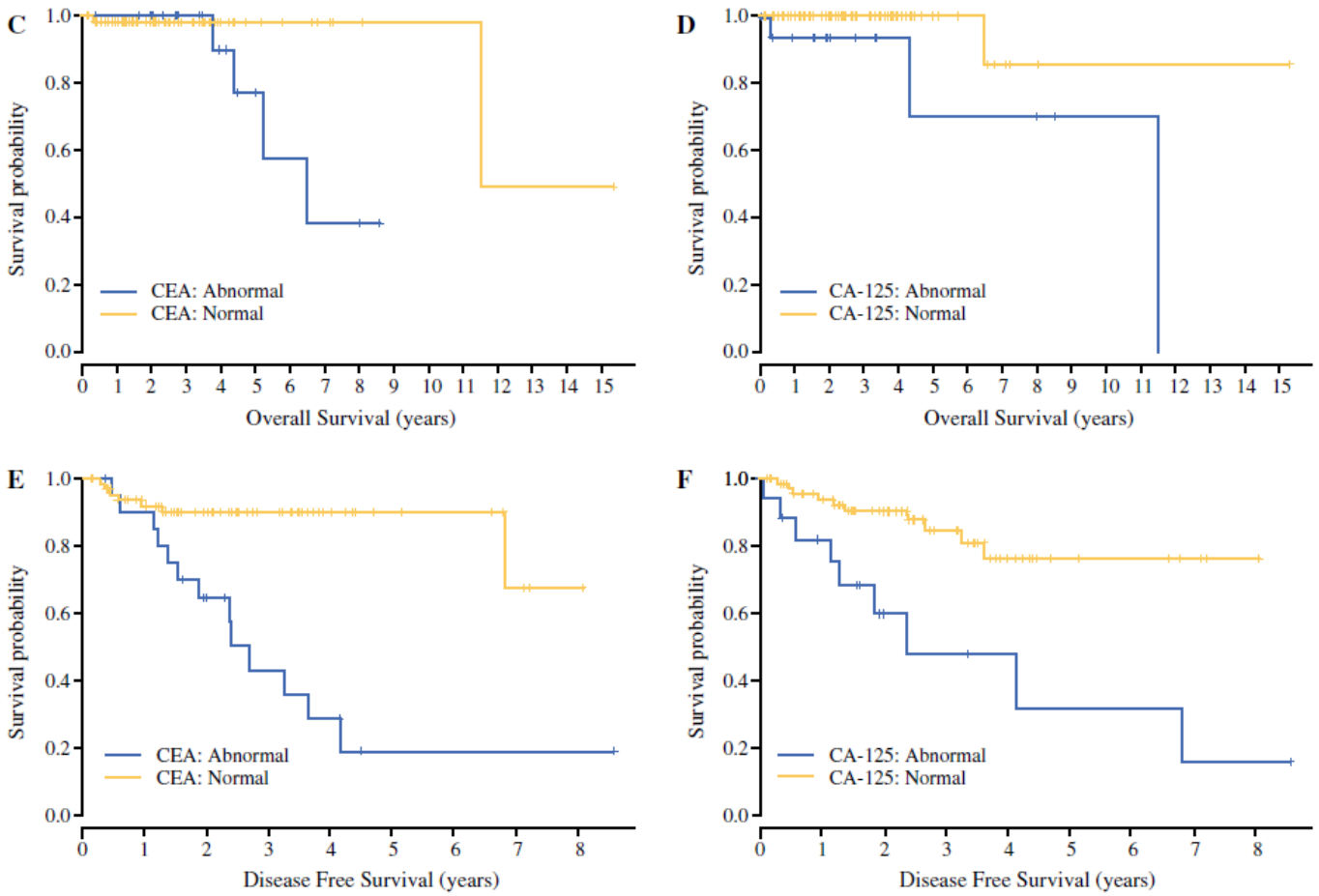
Nguyen-Tang, Gastrointest Endosc 2010

Υπερηχογράφημα
Onion Skin Sign



Caspi, J Ultrasound Med 2004
Leschinskyi, Abdom Radiol 2018

Καρκινικοί Δείκτες: CEA, CA 19-9, CA 125



Fournier, Ann Surg Oncol 2016

Βλεννώδη Νεοπλάσματα Σκωληκοειδούς: Ορολογία και Σύγχυση

McDonald and Woodruff (5) (1940)	Carr et al. (10) (1995)	Misdraji et al. (7) (2003)	Pai et al. (6) (2009)	World Health Organization (2010)	Carr et al. (8) Modified Delphi Consensus (2016)
-Benign mucocele -Cystadenocarcinoma	-Mucocele -Hyperplastic polyp -Adenoma -Cystadenoma -Carcinoma -Cystadenocarcinoma -Mucinous tumors of uncertain malignant potential	-Low-grade appendiceal mucinous neoplasm -Mucinous adenocarcinoma -Discordant	-Mucinous adenoma -Low-grade mucinous neoplasm, low risk of recurrence -Low-grade mucinous neoplasm, high risk of recurrence -Mucinous adenocarcinoma	-Adenoma -Low-grade appendiceal mucinous neoplasm -Mucinous adenocarcinoma	-Adenoma -Serrated polyp -Low-grade appendiceal mucinous neoplasm -High-grade appendiceal mucinous neoplasm -Mucinous adenocarcinoma -Poorly differentiated (mucinous) adenocarcinoma with signet ring -(Mucinous) Signet ring cell carcinoma -Adenocarcinoma

Gundokar, Turk J Gastroenterol 2018

Adenomas, Serrated Polyps, LAMN, HAMN, Mucinous Adenocarcinoma, Signet Ring Cells

Lesion	Terminology
Adenoma, confined to mucosa, muscularis mucosae intact	Tubular, tubulovillous or villous adenoma with low or high grade dysplasia (as per colorectal adenoma classification)
Tumour with serrated features confined to mucosa, muscularis mucosae intact	Serrated Polyp with or without dysplasia
Mucinous neoplasm with low-grade cytologic atypia[a]	Low grade appendiceal mucinous neoplasm (LAMN)
Mucinous neoplasm with architectural features of a LAMN and no infilitrative invasion but with high grade cytologic atypia	High grade appendiceal mucinous neoplasm (HAMN)
Mucinous neoplasm with infiltrative invasion[b]	Mucinous adenocarcinoma (well, moderately, or poorly differentiated)
Neoplasm with signet ring cells ≤ 50 %	Poorly differentiated (mucinous) adenocarcinoma with signet ring cells
Neoplasm with signet ring cells >50 %	(mucinous) signet ring cell carcinoma
Nonmucinous adenocarcinoma resembling colorectal adenocarcinoma	Adenocarcinoma (well, moderately, or poorly differentiated)

[a]LAMNs are associated with any of the following: Loss of the muscularis mucosae. Fibrosis of the submucosa. "Pushing invasion". Dissection of acellular mucin in the wall. Undulating or flattened epithelial growth. Rupture of the appendix. Mucin and/or cells outside the appendix. Pushing invasion has a broad front of cells which expands into the surrounding tissue without destructive features. [b]Features of Infiltrative invasion include: Tumour budding and/or small irregular glands, typically within a desmoplastic stroma.

Carr, Am J Pathol 2016
Carr, Histopathology 2017
WHO 5th Edition 2019

Ο Ρόλος του Παθολογοανατόμου

- *Discordance 18% (57/323), 7% (22/57) from LAMN to hyperplastic changes…*

  Basingstoke, UK

  Amin, J Clin Pathol 2019

- *Discordance in Terminology 28%, Grading 50%, flaw chemotherapy 6+6%...*

  Pittsburg, USA

  Choudry, Ann Surg Oncol 2019

- *43 (38) Appendiceal Consults, 19 down grades, 5 Upgrades…*

  7 Academical Centers, USA

  Arnold, Modern Pathol 2019

Central Pathology Review from Referral Center Expert Pathologist

CT και Οξεία Σκωληκοειδίτιδα: Βλεννοκήλη;

TABLE 2: Percentage of Patients with Each CT Finding and Significance in Differentiating Acute Appendicitis With and Without Mucocele

CT Finding	Normal Appendix	Appendicitis without Mucocele	Appendicitis with Mucocele	p[a]	
				Reader 1	Reader 2
Cystic dilatation	0 (0/57)	6.9 (4/58)	66.7 (16/24)	0.0066	< 0.0001
Mural calcification	0 (0/57)	0 (0/57)	25 (6/24)	0.0846	0.0049
Mural enhancement	8.6 (5/58)	92.6 (50/54)	66.7 (16/24)	0.0020	1.0000
Appendicolith	0 (0/58)	22.8 (13/57)	0 (0/24)	0.1529	0.0850
Intraperitoneal fluid	6.9 (4/58)	34.5 (20/58)	33.3 (8/24)	1.0000	1.0000
Lymphadenopathy	17.2 (10/58)	75.9 (44/58)	54.2 (13/24)	0.1654	0.3069
Small bowel mural thickening	1.7 (1/58)	23.6 (13/55)	20.8 (5/24)	1.0000	1.0000
Periappendiceal fat stranding	3.5 (2/58)	86.2 (50/58)	83.3 (20/24)	0.4410	1.0000
Extraluminal gas	0 (0/58)	5.2 (3/58)	17.4 (4/23)	0.5670	0.1781
Intraluminal gas	56.9 (33/58)	26.3 (15/57)	8.3 (2/24)	0.2332	0.3984
Arrowhead sign	1.7 (1/58)	52.6 (30/57)	41.7 (10/24)	1.0000	0.3246
Target sign	0 (0/58)	37.5 (21/56)	20.8 (5/24)	1.0000	0.0855
Abscess	0 (0/58)	15.5 (9/58)	16.7 (4/24)	1.0000	1.0000
Focal mass	0 (0/58)	1.8 (1/57)	8.3 (2/24)	1.0000	0.2002
Irregular wall contour	0 (0/58)	29.8 (17/57)	25.0 (6/24)	0.4507	0.7211

Note—Values in parentheses are raw numbers. Magnitude and variation of the denominators reflect missing data and the fact that data were provided by each of two readers (denominator = 2 × number of subjects – number missing).
[a]Fisher's exact test.

CT Diameter > 1.3 cm: Sensitivity 71.4%, Specificity 94.6% *(Bennett, AJR 2009)*
US Diameter > 1.5 cm: Sensitivity 83.0%, Specificity 92.0% *(Lien, Am J Emerg Med 2006)*

Βλεννοκήλη: Νεοπλασματική;

Focal Distal Dilatation+

Diameter >2 cm, No Periappendiceal Fat Stranding, Mural Calcifications

TABLE 3: Morphologic Findings, by Underlying Histopathologic Diagnosis

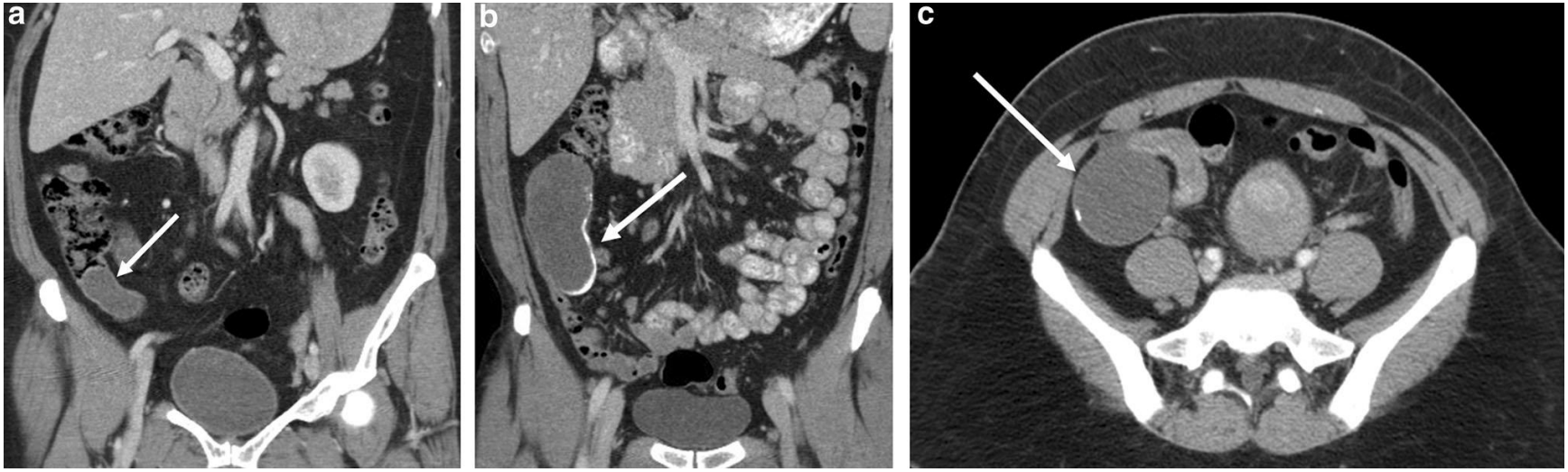
Morphologic Finding	Histopathologic Diagnosis, No. (%) of Cases		*p*
	Nonneoplastic Mucocele ($n = 15$)[a]	Neoplastic Mucocele ($n = 34$)[b]	
Mural calcification	1 (6.7)	16 (47.1)	0.006
Internal septations	2 (13.3)	5 (14.7)	0.899
Periappendiceal fat stranding	10 (66.7)	8 (23.5)	0.004
Free intraperitoneal fluid	4 (26.7)	7 (20.6)	0.638
Wall irregularity	2 (13.3)	8 (23.5)	0.414
Pseudomyxoma peritonei	0 (0.0)	1 (2.9)	0.502
Soft-tissue thickening	2 (13.3)	6 (17.6)	0.707

[a]Includes simple mucocele and mucosal hyperplasia.
[b]Includes mucinous cystadenoma, mucinous neoplasm of uncertain malignant potential, mucinous neoplasm of low malignant potential, and mucinous cystadenocarcinoma.

Marotta, AJR 2018

Computed Tomography

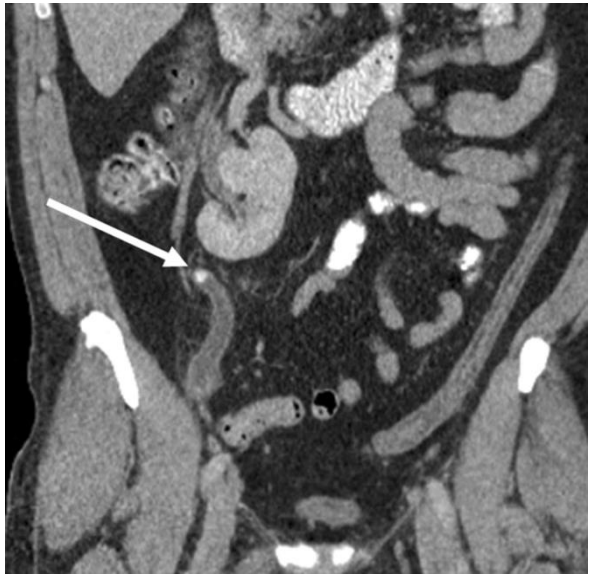
Multidetector, Multiplanar, Coronal



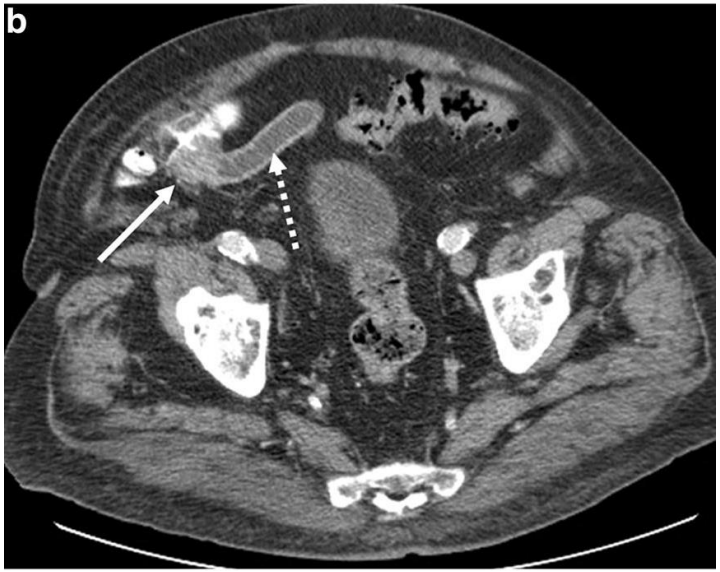
Low Attenuating Cystic Round/Tubular Lesion with Enhancing Wall
Wall Calcifications, No Periappendiceal Inflammation/Abscess

Van Hooser, Abdom Radiol 2018

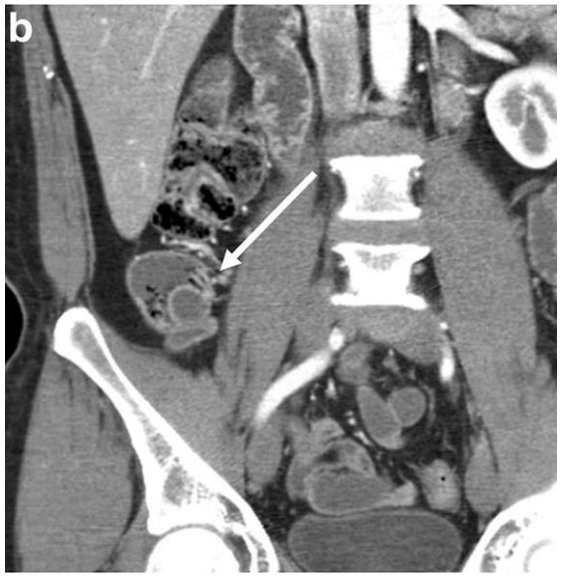
Mimics-CT



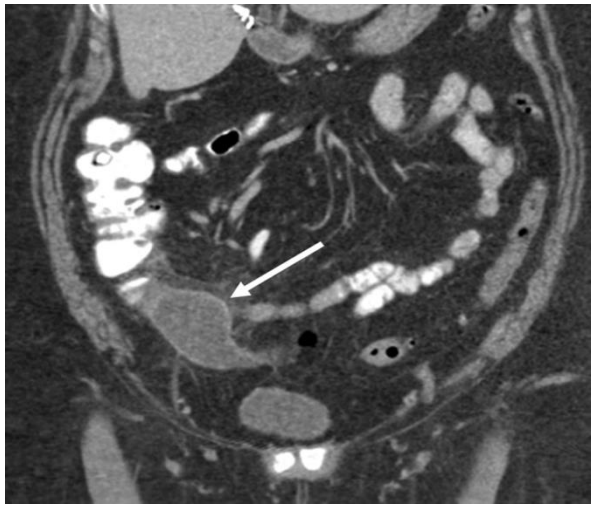
Appendicitis



Cecal Adenocarcinoma



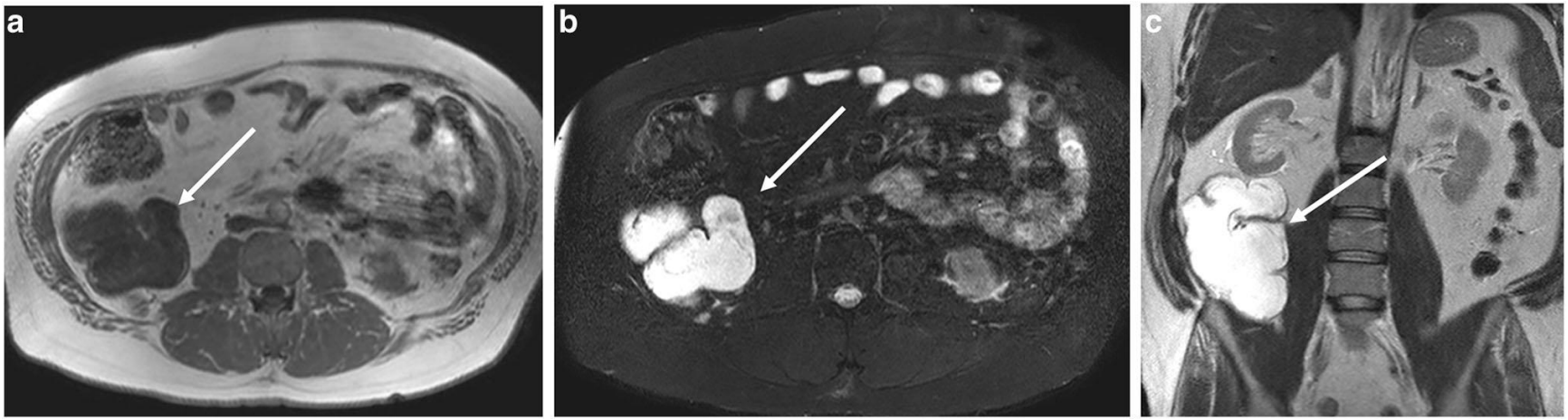
Lymphoid Hyperplasia



Van Hooser, Abdom Radiol 2018

Magnetic Resonance Imaging

Extraluminal Mucin, Ovarian vs Appendiceal Origin, Surveillance



Van Hooser, Abdom Radiol 2018

Λαπαροσκοπική Σκωληκοειδεκτομή: κίνδυνος ρήξης

Table 5 Univariate and multivariate analysis for rupture of mucocele

Variable	Univariate analysis	
	OR (95% CI)	*P*
Age > 60 years	0.917 (0.124–6.788)	1.000
Male	3.900 (0.391–38.915)	0.322
BMI > 24	0.380 (0.038–3.788)	0.622
ASA ≥ 3	3.074 (0.289–32.733)	0.361
WBC > 1.0×10^4/μL	12.333 (1.211–125.632)	0.032
Diameter > 2 cm	1.381 (0.138–13.850)	1.000
Operator of professor	0.333 (0.044–2.503)	0.277
Laparoscopic surgery	0.643 (0.087–4.770)	0.647

OR odd ratio, *BMI* body mass index, *ASA* America Society of Anesthesiologists, *WBC* white blood cell count

Kim, Surgical Endoscopy 2018

Κίνδυνος εμφάνισης Σκωληκοειδικής Νεοπλασίας σε ασθενείς με Περισκωληκοειδικό Απόστημα που αντιμετωπίστηκαν συντηρητικά

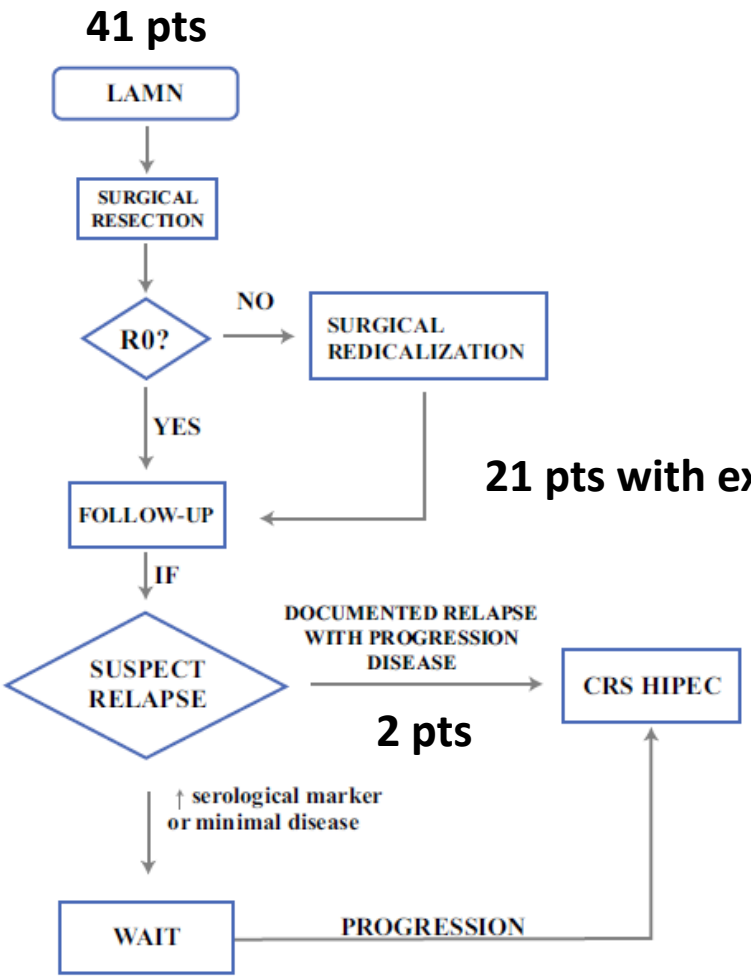
Table 4. Neoplasms Found in the Study Population

Patient Sex/Age, y	Reason for Intervention	Time to Intervention, d	Intervention	Histological Findings	Time to Secondary Intervention, d	Secondary Intervention
F/56	Allocated intervention	90	Appendectomy	LAMN and pseudomyxoma peritonei	156	Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy
M/47	Allocated intervention	120	Appendectomy	LAMN	NA	Surveillance
M/59	Allocated intervention	134	Appendectomy	Sessile serrated adenoma	NA	Surveillance
M/59	Recurrent symptoms	329	Ileocecal resection	Adenocarcinoma of the appendix	378	Right hemicolectomy
M/59	Recurrent symptoms	18	Appendectomy	LAMN	98	Ileocecal resection
M/61	Recurrent symptoms	330	Appendectomy	Mucinous cystadenoma	NA	Surveillance
M/55	Recurrent symptoms	189	Appendectomy	Goblet cell carcinoid	252	Cytoreductive surgery and hyperthermic intraperitoneal chemotherapy
F/58	MRI tumor suspicion	199	Appendectomy	Sessile serrated adenoma	NA	Surveillance
F/53	CT tumor suspicion	171	Chemotherapy	Cecal adenocarcinoma and sessile serrated appendiceal adenoma	332	Right hemicolectomy (palliative)
M/61	Recommended	429	Appendectomy	LAMN	NA	Surveillance
F/41	Recommended	142	Appendectomy	LAMN	NA	Surveillance

Κίνδυνος Νεοπλάσματος 20% > 40 έτη

Acuta RCT, Mallinen, JAMA Surg 2019

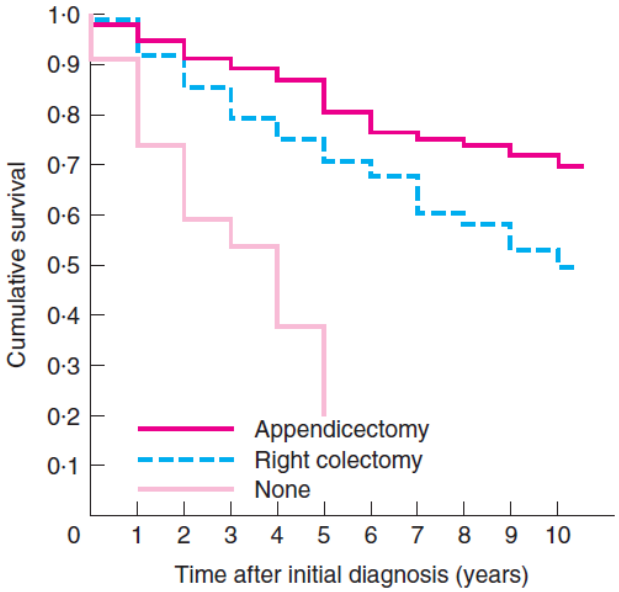
Low Grade Appendiceal Mucinous Neoplasia: Watch and Wait?



21 pts with extracellular mucin or cells

Guaglio, Ann Surg Oncol 2017

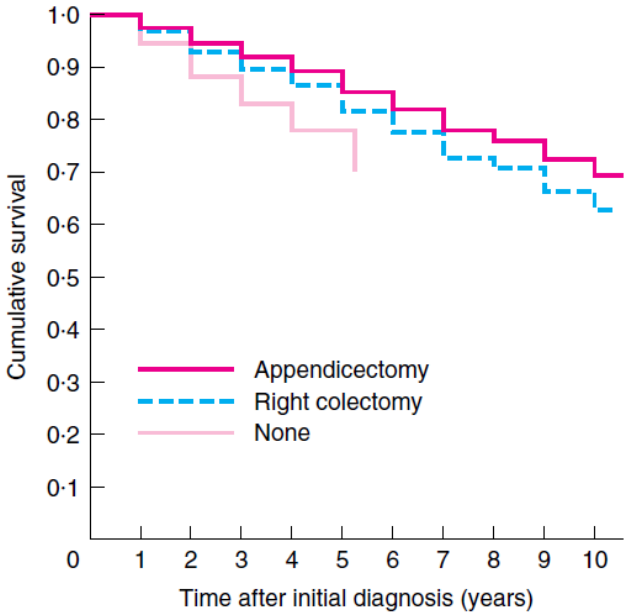
Δεξιά Ημικολεκτομή δεν αυξάνει την επιβίωση ασθενών με βλεννώδες καρκίνωμα σκωληκοειδούς και περιτοναϊκή διασπορά



No. at risk

Appendicectomy	198	190	184	155	132	112	88	72	64	53	40
Right colectomy	280	271	247	214	184	160	129	112	91	75	53
None	23	21	17	12	10	7					

Fig. 1 Analysis of survival by surgical procedure. $P < 0{\cdot}001$ (log rank test)



No. at risk

Appendicectomy	198	190	184	155	132	112	88	72	64	53	40
Right colectomy	280	271	247	214	184	160	129	112	91	75	53
None	23	21	17	12	10	7					

Fig. 2 Adjusted analysis of survival by surgical procedure. $P = 0{\cdot}258$ (Cox proportional hazards model)

- **Θετικοί επιχώριοι Λεμφαδένες;**
- **Καθαρισμός Πρωτοπαθούς εστίας;**
- **Μη βλεννώδης ιστολογία;**

Gonzales Moreno, Br Journal of Surg 2004

…In conclusion, we recommend cautious use of the term "mucocele of the appendix"…All mucoceles should be considered and managed as pathologic entities that may harbour a mucinous appendiceal neoplasm…spontaneous or iatrogenic rupture must be avoided…

What is a 'mucocele' of the appendix and how are these lesions best managed? Beware the wolf in sheep's clothing

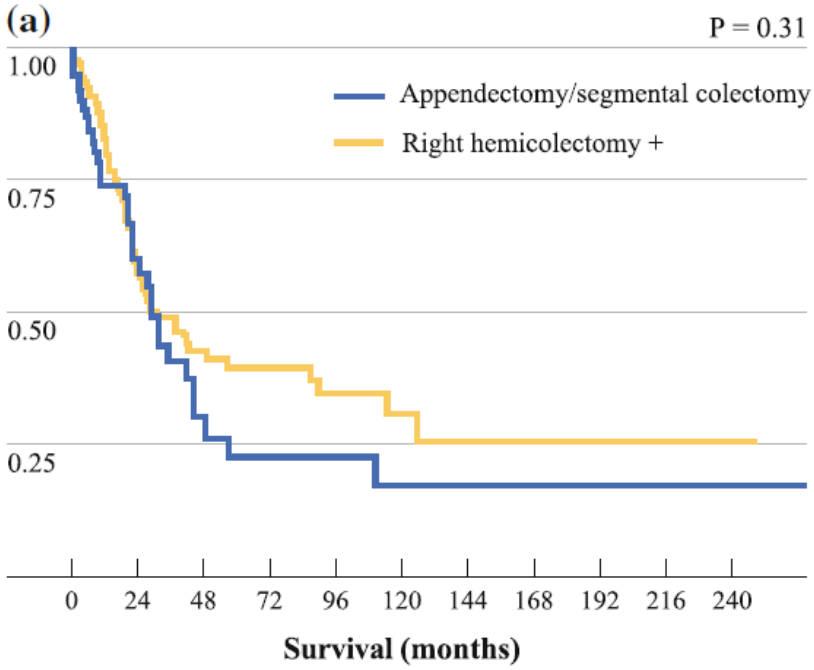
Shinichiro Sakata and Brendan J. Moran

Peritoneal Malignancy Institute, Basingstoke and North Hampshire Hospital, Hampshire Hospitals National Health Service Foundation Trust, Basingstoke, Hampshire, United Kingdom

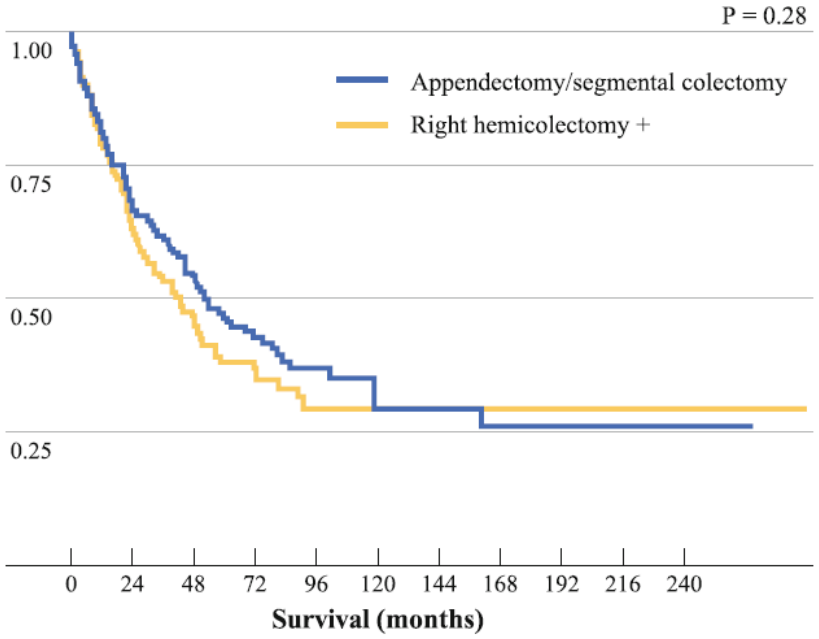
Sakata, Colorectal Dis, Sep 2019

Δεξιά Ημικολεκτομή για Βλεννώδες Αδενοκαρκίνωμα Σκωληκοειδούς: Είναι απαραίτητη;

Node Positive Disease



Metastatic Disease



Turaga, Ann Surg Oncol 2013

Mucocele Therapeutic Algorithm

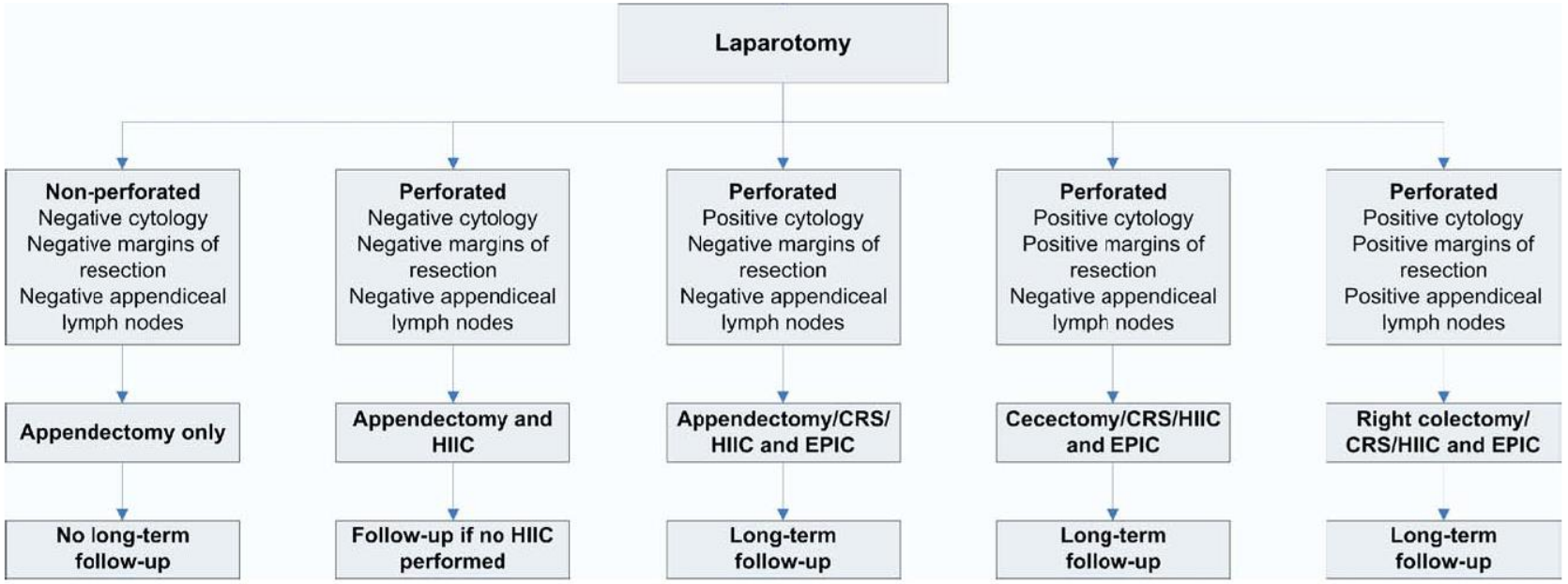


Figure 1. Clinical pathway for treatment of mucocele of the appendix. CRS, cytoreductive surgery; EPIC, early postoperative intraperitoneal chemotherapy; HIIC, heated intraoperative intraperitoneal chemotherapy.

Dhage-Evatoury and Sugarbaker, J Am Coll Surg 2006

Συμπεράσματα

Διάγνωση

- ✓ *Ενδοσκόπηση, Αξονική Τομογραφία, Δείκτες, όχι βιοψίες*

Θεραπεία

- ✓ *Ριζική Σκωληκοειδεκτομή (λαπαροσκοπική;)*
- ✓ Εκτίμηση παρασκευάσματος από εξειδικευμένο παθολογοανατόμο/MDT

Παρακολούθηση σε:

- ✓ LAMN, HAMN, G1 MACA, υγιή όρια, μεμονωμένη ακυτταρική βλέννη (T4a)

Συμπληρωματική δεξιά ημικολεκτομή σε:

- ✓ G2-3 MACA

Παραπομπή σε κέντρο CRS+HIPEC σε:

- ✓ Ενδοπεριτοναϊκή βλέννη (M1a), Ενδοπεριτοναϊκά καρκινικά κύτταρα (M1b)

Επιτήρηση

- ✓ Απεικόνιση + δείκτες (διαγνωστική λαπαροσκόπηση;)

Ευχαριστώ