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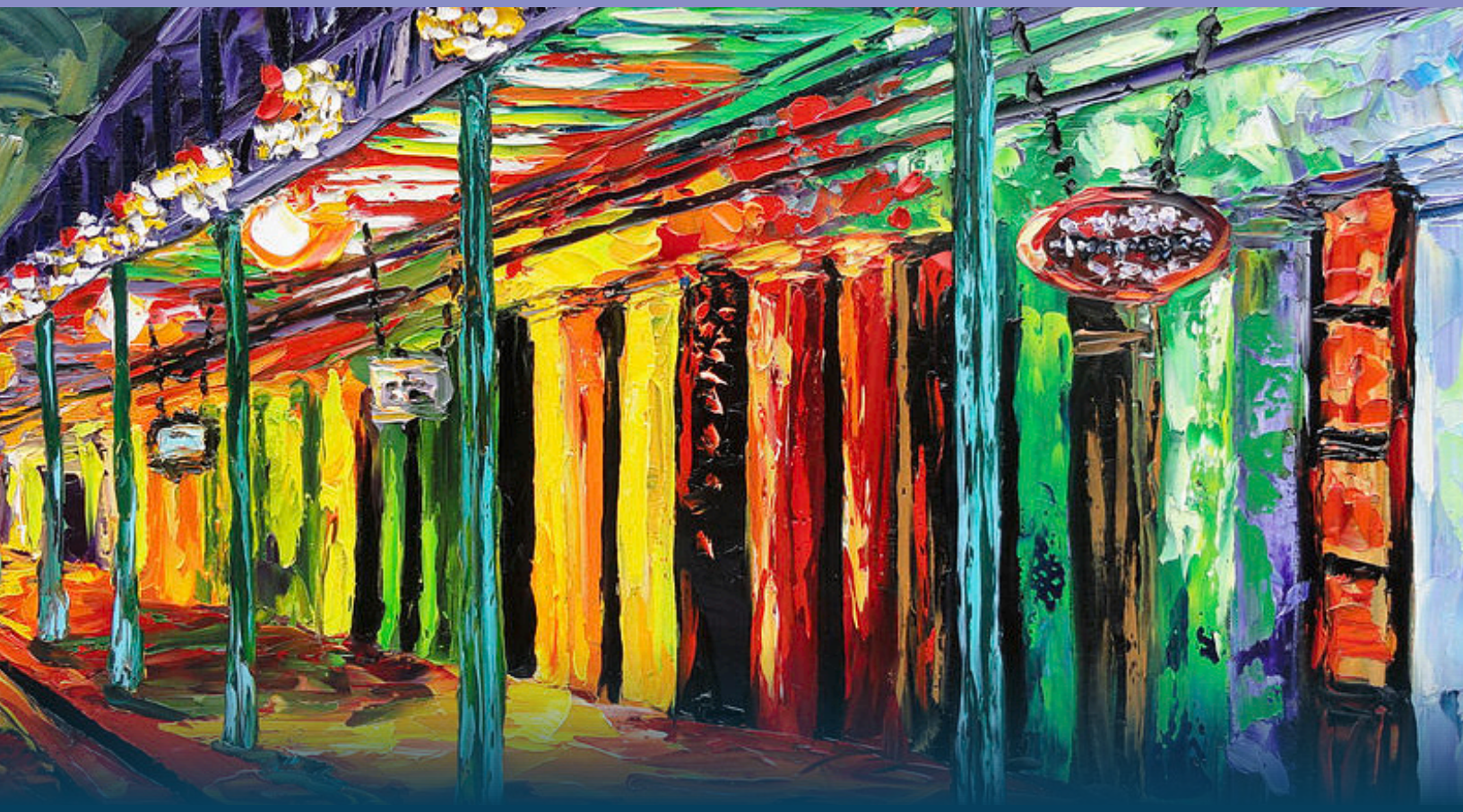


LOUISIANA CHAPTER
ACS 74TH ANNUAL MEETING

RENAISSANCE NEW ORLEANS ARTS WAREHOUSE DISTRICT HOTEL

ePoster #1 | Case Report | Clinical Science | Abdominal/Laparoscopy

Sequential Superior Mesenteric Artery and Median Arcuate Ligament Syndromes in a Young Woman: Diagnostic and Therapeutic Challenges

M Hammonds, W Richardson, J Koller-Gorham,

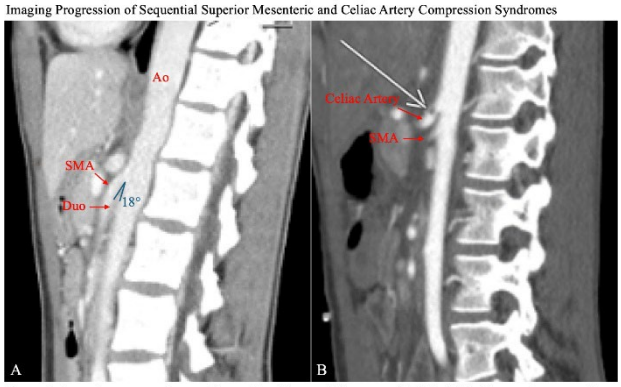
Introduction/Objective: Superior mesenteric artery syndrome (SMAS) and median arcuate ligament syndrome (MALS) are rare vascular compression disorders that can coexist, leading to diagnostic and therapeutic challenges. We present a case of sequential SMAS and MALS in a young woman with severe malnutrition and complex postoperative course.

Case Presentation: A 19-year-old chronically underweight woman with longstanding postprandial epigastric pain, nausea, and vomiting was diagnosed with SMAS on CT showing duodenal compression between the aorta and SMA. She underwent laparoscopic duodenojejunostomy (April 2025) with initial symptom improvement. Persistent nausea and early satiety prompted further evaluation, revealing delayed gastric emptying and elevated celiac artery velocities consistent with MALS. Robotic median arcuate ligament release with pyloromyotomy (June 2025) yielded partial relief; however, symptoms recurred, and she subsequently required jejunostomy tube placement for nutritional support, and celiac plexus ablation with little to no relief of symptoms and poor tube feeding tolerance. Further imaging confirming persistent celiac artery stenosis, and ultimately aorta to celiac artery bypass with saphenous vein graft patch angioplasty with repeat MAL release was performed (October 2025).

Discussion: This case highlights the diagnostic overlap between SMAS, MALS, and gastroparesis, emphasizing the need for multimodal vascular and motility evaluation in young patients with chronic postprandial pain. Sequential vascular compression syndromes may represent a continuum of mesenteric ischemia and mechanical obstruction requiring multidisciplinary management.

Conclusion: Concurrent or sequential SMAS and MALS should be considered in patients with refractory postprandial abdominal pain and severe weight loss. Early recognition and tailored surgical intervention are critical to improving outcomes.

Imaging Progression of Sequential Superior Mesenteric and Celiac Artery Compression Syndromes



Sequential vascular compression syndromes in a 19-year-old woman. (A) Initial CT abdomen demonstrating narrow aortomesenteric angle (SMAS). (B) Most recent CTA abdomen showing focal narrowing of the celiac artery with post-stenotic dilatation consistent with MALS vs celiac artery stenosis.
Ao, aorta; SMA, superior mesenteric artery; SMAS, superior mesenteric artery syndrome; Duo, duodenum

ePoster #2 | Abstract | Clinical Science | Abdominal/Laparoscopy

Give the Surgeons What They Want: Evaluating and Optimizing OR Trays

K Spencer, T Harris, V Sahar, A Tormos, J Goodrich, J Gorham, Ochsner Medical Center

Background: Operating room (OR) costs represent a significant portion of hospital expenditures, presenting opportunities for process improvement. Prior studies indicate that about 50% of instruments prepared for surgery are unused. Sterile processing costs are estimated at $0.50 - $3.00 per instrument, and OR time averages approximately $37 per minute.

Objective: This study evaluates how optimizing instrument trays can reduce unnecessary sterilization, shorten operative times, and lessen the environmental footprint of surgical care.

Methods: This single-site observational study (November 2024–October 2025) surveyed the bariatric surgeons at Ochsner Main Campus regarding the current general laparoscopic bariatric tray. Surgeons were asked to specify their preferred instrument quantities and propose additions. Respondents were blinded to current tray counts to avoid priming bias.

Results: The laparoscopic bariatric tray investigated contains 69 instruments. Three bariatric surgeons participated in the survey. Collectively, they proposed three additions to the tray. Ten instruments were identified by 66.7% of respondents as unnecessary, and one item was unanimously deemed excludable. From responses, two experimental trays were developed: one reflecting majority consensus (48 instruments total) and one incorporating all requested items (75 instruments total).

Conclusion: Using a “majority rules” approach, preliminary findings demonstrate opportunities for institutional cost savings. Applying published cost estimates, removing 21 items could yield $10.50-$63.00 in savings per procedure. The expanded tray design may also reduce time spent retrieving peel pack instruments. Future aims of this study will involve implementing both experimental trays and evaluating cost and time savings within the general surgery department.

ePoster #3 | Case Report | Clinical Science | Bariatric/Foregut

Robotic Assisted Gastric Lap Band and Port Removal for Eroded Access Port Without Band Infection: A Case Report.

A Farran, E Nischwitz, S Hosein, Ochsner Medical Center

Introduction/Objective: Laparoscopic adjustable gastric banding (LAGB) is a minimally invasive bariatric procedure in which an adjustable silicone band is placed around the upper stomach and connected to a subcutaneous access port for gradual inflation to restrict food intake. Its popularity has declined due to suboptimal weight loss, the emergence of more effective bariatric surgeries, and high complication rates, including band migration and port-site infections. Port erosion is typically secondary to those complications. We report a rare case of spontaneous port erosion without infection or gastric involvement.

Case Presentation: A 43-year-old woman with history of LAGB placement in 2009 presented to the ED with progressive discomfort over the band port site. Examination revealed the port eroding entirely through the skin. CT imaging revealed a normally positioned gastric band around the proximal stomach. The access port was partially embedded within the rectus musculature near the skin surface without fluid collection or surrounding soft-tissue edema. The patient underwent robotic-assisted removal of the band and port. The gastric band was intact without evidence of erosion or infection. The wound at the site of the skin erosion was packed and healed by secondary intention.

Discussion: Isolated port erosion without infection or gastric migration is exceedingly uncommon. Early recognition of subtle port-site changes can prevent more serious complications. Robotic-assisted removal offers superior visualization and precision, facilitating efficient complete retrieval.

Conclusion: This case emphasizes the importance of continued long-term follow-up in patients with LAGB and highlights the value of robotic-assistance in the removal of these bands.

ePoster #4 | Abstract | Clinical Science | Bariatric/Foregut

Small Bowel Anastomotic Leaks: Does Race Play a Role?

Analie Fernandes; Cameron Shults; Sarah Adams, MD; Emma Hillis, MS; Stephano Bonitto, MD; Jessica K. Gorham, MD, UQ Ochsner

Background: While physiologic factors have traditionally been emphasized in anastomotic success, emerging evidence suggests that race & implicit bias affect patients, from the diagnosis of conditions requiring surgery to the recognition & management of postoperative complications.

Objective: This study aims to evaluate whether postoperative outcomes, including anastomotic leak, time to diagnosis of leak, and rates of medical complications, differ by race.

Methods: Preliminary analysis of 55 patients out of 2616 with small bowel resection and surgical anastomosis formation between 2023 and 2025 at Ochsner Health were included in a retrospective cohort analysis. Variables related to patient demographics, surgical procedure, and comorbidities were analyzed via chart review.

Results: Data (n=41 White, n=14 Black) showed that Black patients were more likely to have hypertension (71.4% vs. 36.6%, $p = 0.03$), while other baseline characteristics, including obesity, diabetes, and type of surgery (elective vs. non-elective), were comparable between groups. Assessment of median time to diagnosis of anastomotic leak, rates of reoperation, conversion to open surgery, and Clavien-Dindo grade ≥3 complications were limited by sample size in our preliminary analysis, but will be analyzed. Length of hospital stay (5 days [IQR 3–11] vs. 5 days [IQR 3–10], $p = 0.89$) was comparable. No significant differences were observed in ventilator or vasopressor days, bacteremia, or discharge disposition (all $p > 0.05$).

Conclusion: Preliminary analysis demonstrates no significant differences in postoperative outcomes on the basis of race. Further analysis of the remaining 2,566 charts (estimated by late December) will demonstrate if race impacts anastomotic leak diagnosis and repair.

ePoster #5 | Case Report | Clinical Science | Bariatric/Foregut

Emergent Robotic Paraesophageal Hernia Repair with Anterior Gastropexy in a High-Risk Octogenarian

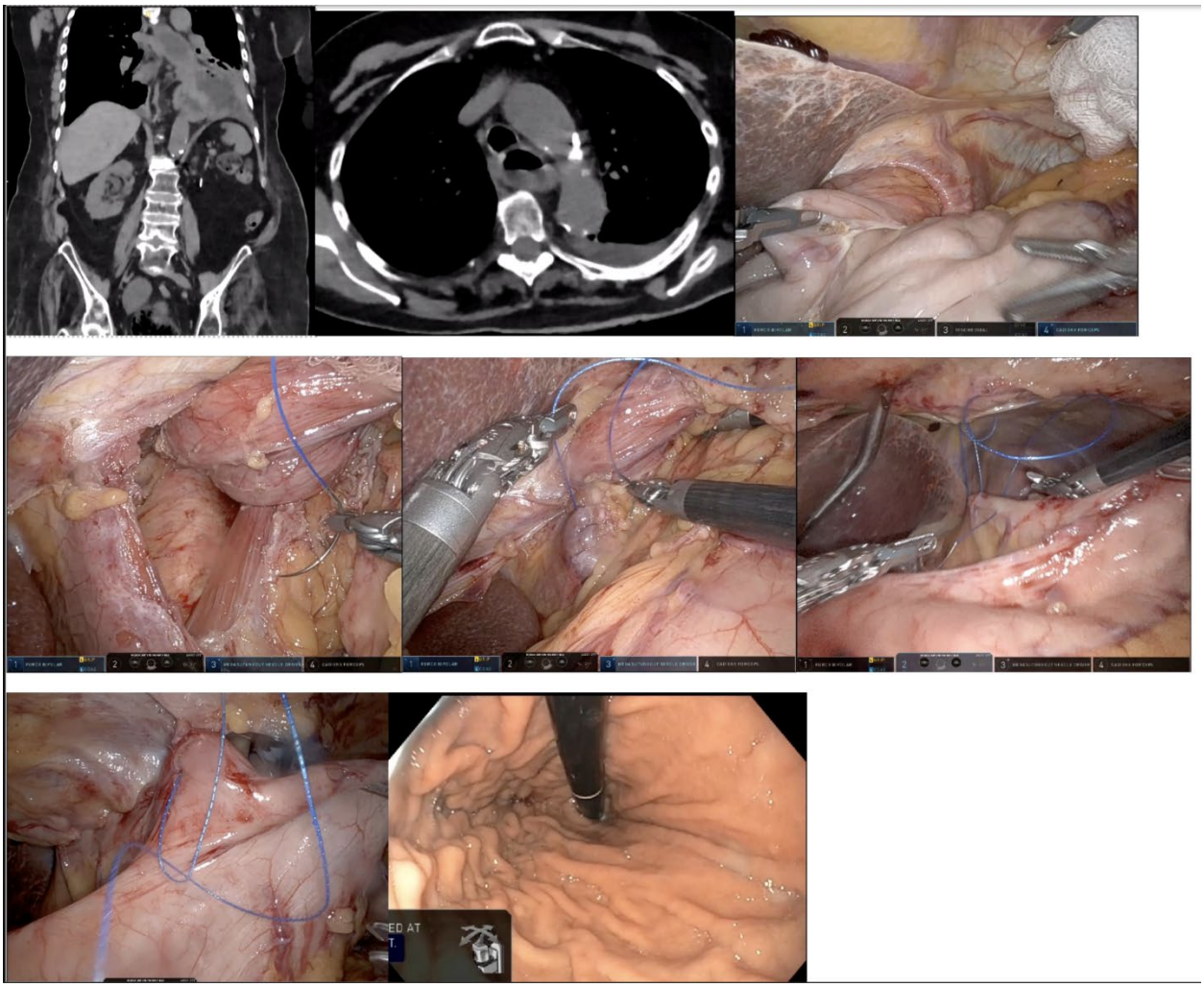
S Bhatia, H Garcia, N Dahlgreen, V Albaugh, P Schauer, M Cook, C Galvani,

Introduction/Objective: Acute gastric volvulus due to paraesophageal hernia is a life-threatening emergency, particularly in frail or elderly patients. In this population, a limited operative approach may optimize safety while providing definitive repair. We report emergent robotic paraesophageal hernia repair with anterior gastropexy in an 83-year-old bedbound patient with chronic organoaxial volvulus.

Case Presentation: An 83-year-old female with dementia, prior CVA, left nephrectomy, and recurrent UTIs presented with coffee-ground emesis, hypotension, and hemoglobin drop to 6.7 g/dL. CT revealed a large paraesophageal hernia with chronic partial organoaxial volvulus. After stabilization and transfusion, she underwent emergent robotic hernia reduction. Intraoperatively, half the stomach was herniated into the posterior mediastinum with dense adhesions. The stomach was reduced, the hernia sac excised, and the esophagus circumferentially mobilized with preservation of the posterior vagus nerve. Primary crural closure was performed with non-absorbable running sutures, followed by anterior gastropexy due to the patient's frailty and comorbidities.

Discussion: Robotic assistance enabled meticulous adhesiolysis and safe reduction in a hostile abdomen. Anterior gastropexy was selected over fundoplication to minimize operative time (median 49 minutes shorter), reduce postoperative dysphagia risk (7% vs 12%), and avoid time-consuming anti-reflux procedures in the absence of preoperative reflux. Recent randomized and cohort studies show no significant difference in recurrence or reflux control between gastropexy and fundoplication, but fundoplication increases reoperation risk (OR 4.3). In frail or high-risk patients, gastropexy alone provides symptom resolution in 75% of cases, with a 23% recurrence rate, but does not compromise long-term quality of life. Laparoscopic or robotic approaches are associated with shorter hospital stays and lower morbidity compared to open surgery, even in octogenarians.

Conclusion: In high-risk elderly patients, robotic paraesophageal hernia repair with anterior gastropexy is a safe, durable solution for chronic gastric volvulus, optimizing outcomes while minimizing surgical stress and procedural risk.



ePoster #6 | Case Report | Clinical Science | Endocrine

GRANULOSA CELL TUMOR OF THE ADRENAL GLAND MANAGED BY OPEN ADRENALECTOMY: A RARE CASE AND LITERATURE REVIEW

V Sahar, T Harris, J Dahle,

Introduction/Objective: Granulosa cell tumors (GCTs) are rare sex-cord stromal neoplasms that typically arise in the ovary. Primary adrenal GCTs are exceedingly uncommon, with only isolated reports in the literature.

Case Presentation: We report the case of a 30-year-old female who presented with a 14cm left adrenal mass identified during evaluation for hyperandrogenism. Hormonal studies were abnormal for elevated testosterone. Cross-sectional imaging revealed a large indeterminate adrenal mass with features concerning for malignancy. The patient underwent open left adrenalectomy. Histopathological analysis confirmed a granulosa cell tumor, with immunohistochemical positivity for SF-1 and WT1, and negative for synaptophysin. The postoperative course was uncomplicated, and the patient remains disease-free at 5-month follow-up with normalization of testosterone.

Discussion: Few cases of primary adrenal GCTs have been reported in the literature. Their clinical presentation often mimics that of other adrenal lesions, and preoperative diagnosis is rarely possible. Histopathology with immunohistochemistry is essential for confirmation. While minimally invasive adrenalectomy is standard for small, benign-appearing tumors, open adrenalectomy remains appropriate for large or radiographically suspicious lesions.

Conclusion: This case expands the limited literature on primary adrenal GCTs and underscores the importance of considering rare tumor types in the differential diagnosis of adrenal masses, as well as tailoring surgical management to lesion size and malignant potential.

ePoster #7 | Case Report | Clinical Science | Endocrine

Metastatic Papillary Thyroid Cancer with Distant Metastasis to Subcutaneous Tissue of the Buttock

T Metz, J Millien,

Introduction/Objective: Metastasis of Papillary Thyroid Cancer to the subcutaneous tissue or skin is very rare with an incidence of 0.1% Of this rare subgroup of metastasis to skin, a majority of metastasis are described in the neck or to the site of a previous incisional scar. On literature review, no previous metastatic skin PTC have been described in the lower body.

Case Presentation: 61-year-old female with stage IV thyroid carcinoma metastatic to lungs, mediastinal, hilar, and retrocrural lymph nodes, as well as the left acromion, referred to the surgery clinic for evaluation of a right buttock cyst. She is status post thyroidectomy with central neck dissection, tracheal lesion excision, and parathyroid reimplantation in 2022 and has also been treated with RAI and cabozantinib. On examination, the patient presented with a 1 cm non-tender, firm, blanching cyst on the right buttock without signs of infection or drainage. Laboratory studies revealed persistent hyperthyroidism (TSH 0.024 mIU/L, Free T4 1.70–1.71 ng/dL) and suppressed PTH (<5.0 pg/mL). The lesion was stable and minimally symptomatic over the last 6 to 8 weeks prior to presenting to clinic for excision. Final pathology revealed Metastatic papillary thyroid carcinoma with high-grade features.

Discussion: Although PTC metastasizing to skin has rarely been described, it has never been described to the lower body. This case highlights that high grade PTC has the capability to metastasize to distant subcutaneous tissue despite therapy.

Conclusion: Metastatic Papillary Thyroid Cancer can metastasize to the subcutaneous tissue of the lower body

ePoster #8 | Case Report | Clinical Science | Endocrine

The Wrong Side of the Tracks: An Adrenal Imposter

M Temple, B Foley, J Woodard, J Brashear, E Scott, Ochsner Medical Center

Introduction/Objective: Adrenal masses are increasingly identified due to widespread use of cross-sectional imaging. While adrenal masses are usually benign, interval growth or other atypical features warrant further evaluation for possible resection to exclude functional or malignant tumors. Accessory splenic tissue near the adrenal gland is rare but can mimic an adrenal tumor radiographically.

Case Presentation: A 72-year-old man with a history of Stage I melanoma was found to have a 4.5 cm right adrenal mass (increased from 3.5 cm over one year) and a 1.4 cm enhancing gallbladder lesion. Biochemical evaluation for a functional adrenal tumor was negative. He underwent a robotic right adrenalectomy with concurrent cholecystectomy. Intraoperatively, the adrenal mass appeared dark and round. The operation was completed using standard robotic adrenalectomy port placement. Final pathology showed normal adrenal tissue with adjacent accessory splenic tissue and gallbladder adenofibroma.

Discussion: Accessory spleens are benign congenital anomalies that usually occur near the splenic hilum; thus, right-sided occurrences are extremely uncommon. They may mimic adrenal tumors due to similar enhancement patterns on CT or MRI. This case highlights the diagnostic challenge and importance of considering accessory spleen in the differential diagnosis of an adrenal mass to avoid unnecessary surgery. In this case, performing a combined robotic cholecystectomy and adrenalectomy was feasible without modifying standard port placement, conserving resources, and avoiding a second surgery.

Conclusion: Right-sided accessory spleen should be considered in the differential diagnosis of adrenal masses although it is very rare. Combined robotic adrenalectomy and cholecystectomy can be performed safely and efficiently.

ePoster #9 | Case Report | Clinical Science | General Surgery

Amyand's Hernia with acute appendicitis repaired with absorbable mesh: A case report

A Tormos, J Martone, D Bromenshenkel, J Brashear, UQ Ochsner

Introduction/Objective: Amyand's hernia describes an inguinal hernia in which the appendix herniates into the inguinal canal. Reported incidence is approximately 1%, and concomitant appendicitis is rarer still, with an incidence of <0.1%(1). When an appendectomy is warranted, controversy exists over whether to perform a tissue-based repair or use mesh in a potentially infected field.

Case Presentation: A 59-year-old male presented to ED with groin pain and swelling after heavy lifting. Physical exam revealed a groin bulge consistent with right inguinal hernia. Given his stable clinical picture, the patient was referred to outpatient general surgery and scheduled for elective hernia repair. Intraoperatively, perforated appendicitis was identified within hernia sac. Appendectomy was performed and hernia was repaired with Poly-4-hydroxybutyrate absorbable mesh. The patient had an uneventful recovery and was discharged next day. During scheduled follow-up, the patient had no reported complications.

Discussion: In cases of Amyand's hernia with acute appendicitis, various case reports describe performing tissue repair, citing concerns over introducing permanent mesh into an infected field. However, this may presumably lead to a higher risk of hernia recurrence, given existing literature on recurrence rates(2). Alternatively, there are also reports describing appendectomy and successful permanent mesh repair without post-operative infection or related complications(3). Use of absorbable mesh exists as an option that can help to mitigate concern for infection while still performing mesh repair(4).

Conclusion: Amyand's hernia is a rare pathology without standardized treatment guidelines. We present the case of Amyand's hernia repaired with Poly-4-hydroxybutyrate absorbable mesh.

ePoster #10 | Case Report | Clinical Science | General Surgery

When Zebras Show Up: Rare Case of Internal Hernia Secondary to Ureteral Compression

V Rodriguez Marino, K Sugumar, P Huang, T Wearda,

Introduction/Objective: Small bowel obstruction (SBO) accounts for up to 4% of emergency department visits and 15% of hospital admissions. The surgery team is involved in nearly all cases, although most are managed conservatively. In the United States, adhesions are the leading cause, followed by neoplasms and hernias. However, atypical etiologies can challenge established frameworks and demand unconventional solutions. We present a rare cause of SBO.

Case Presentation: 73-year-old male with history of prostate and rectal cancer, complicated by a rectovesical fistula, status post robotic abdominoperineal resection, cystoprostatectomy, end colostomy, and ileal conduit creation, who presented with abdominal pain, nausea, vomiting, and a nonproductive ostomy. CT imaging revealed dilated small bowel loops proximal to a transition point in the left lower quadrant. After failing conservative management, he underwent exploratory surgery, revealing the left ureter compressing the small bowel creating an internal hernia. During reduction, the bowel appeared imminently ischemic, necessitating ureteral transection. Urology assisted with re-anastomoses of the proximal ureter to the ileal conduit. The patient recovered well and was discharged on postoperative day two without complications.

Discussion: Internal hernias account for only 0.5–5% of all intestinal obstructions. To our knowledge, this is the tenth reported case of ureter-induced internal hernia and only the third in a patient with a prior ileal conduit.

Conclusion: While established SBO guidelines remain valuable, rare presentations may require flexibility and prompt intraoperative decision-making.

ePoster #11 | Abstract | Education | Education

The Interplay of Model Parameter Size and Quantization in Open-Source LLMs: Implications for USMLE Performance and Medical Education

M AbdAlnaeem, I Yazgan, N Jain, D Bruce, C Holmes, D Hennings, S Levy, A Attia,

Background: Open-source large language models (LLMs) offer new opportunities for medical education but pose challenges in computational efficiency and data privacy. Larger models generally exhibit superior knowledge retention, yet their high resource demands make deployment difficult. Quantization reduces memory usage while maintaining performance, enabling local hosting for secure applications. This study evaluates how model size, architecture, and quantization affect LLM performance on USMLE Step 1 and Step 2 questions, with the goal of optimizing their use in medical education.

Objective: This study aims to evaluate how large language model (LLM) parameter size, architecture, and quantization influence performance on USMLE Step 1 and Step 2 questions.

Methods: We tested LLaMA3, Phi3, Gemma2, Mixtrel, Mistral v0.3, Aya23, and Command-R on 4,000 USMLE questions (2,000 per step). Models (7B–70.6B parameters) were hosted locally on three ADA 6000 GPUs (45 GB VRAM each) with a 128-core AMD W7 CPU and 512 GB RAM to ensure data privacy. Using Q4_0 quantization, models first generated free-text responses, then selected final answers. A 97% similarity threshold determined correctness, and accuracy, precision, recall, and F1 scores were computed.

Results: LLaMA3-70B achieved the highest precision (87.1%) and accuracy (86.7%), demonstrating superior knowledge depth. Mixtrel (8×22B) and Phi3 (14B) showed moderate performance (~60% precision). Smaller models such as Gemma2 (27B) and Aya23 (35B) had lower precision (45.6–52.4%). Notably, some smaller models, like LLaMA3-7B, generated more structured and concise responses than their larger counterparts, despite having less overall knowledge. When integrated with Retrieval-Augmented Generation (RAG), these models improved contextual relevance and factual accuracy. Quantization enabled efficient local deployment without significant performance loss.

Conclusion: Larger models excel in knowledge depth, but smaller models like LLaMA3-7B can produce more structured and concise responses, making them valuable for educational applications. Quantization ensures efficient and privacy-preserving deployment.

ePoster #12 | Case Report | Clinical Science | Pediatric Surgery

Turner Syndrome + Y Chromosome Mosaicism (TS+Y) with Non-Ovarian Gonadoblastoma: A Case Report

S Palmer, R Moreci, P Prasad, D Yu, A Williams,

Introduction/Objective: A subgroup of Turner Syndrome (TS) patients present with Y chromosome mosaicism (TS+Y), which increases their risk of tumor development. Current guidelines recommend prophylactic gonadectomy, but some suggest delaying this decision until the patient is able to provide informed consent.

Case Presentation: We present a 16 year old phenotypical female diagnosed with TS+Y mosaicism while being evaluated for primary amenorrhea. Pre-operative imaging did not identify any evidence of gonadoblastoma. Following established guidelines, the patient underwent single-site laparoscopic bilateral salpingo-oophorectomy. Additionally, a pelvic wall implant, separate from the gonads, was excised at this time. Pathology report revealed bilateral streak gonads and non-ovarian gonadoblastoma in the pelvic wall implant. To our knowledge, this is the first case of extra-gonadal gonadoblastoma identified at the time of prophylactic gonadectomy. Post-surgical evaluation with imaging demonstrated no evidence of metastasis and tumor markers were not elevated. The patient is continuing to undergo routine surveillance with a multidisciplinary team.

Discussion: This case presents a unique treatment challenge in a patient with Turner Syndrome (TS+Y). It highlights three important considerations: 1) risk stratification and counseling of TS+Y patients, 2) the debate between early prophylactic gonadectomy and deferring the procedure to enhance patient autonomy and 3) the occurrence of extragonadal gonadoblastoma and the challenges it presents for treatment and future surveillance.

Conclusion: TS+Y patients require careful consideration when evaluating the option of prophylactic gonadectomy. In the case of extra-gonadal disease, treatment and surveillance present unique challenges that necessitate further research.