Right Side Paraduodenal Hernia With Malrotation: A Rare Cause Of Acute Intestinal Obstruction

Bhavesh V Vaishnani, Jatin G Bhatt, Iliyas Juneja, Rahul Kumar Singh

INTRODUCTION

There are numbers of fossae related to duodenum, Ileocaecal Region and Sigmoid colon. Earlier studies considered that a loop of bowel could enter into the numerous retroperitoneal fossae, perhaps when of greater than usual size. It was thought that progressive stretching of recess would allow more and more intestine to enter fossae until contained whole of small bowel. In 1923 Andrews, noted that all of the small intestine is incorporated into these hernias, cases have been reported in newborns infants, only small bowel is involved not omentum other viscera, loops of small bowel within the hernia are adherent to one another by filmy fibrous tissue.

CASE HISTORY

A 60 year old male Hindu patient of low socio-economic class presented with the chief complaint of pain in abdomen, abdominal distension, constipation and vomiting since 4 days. Initially patient was admitted in private hospital where all investigations and primary treatment of patient done and then patient was referred to civil hospital Rajkot. Gradually intensity and severity of pain increased. So the patient was admitted and planned for an emergency operative procedure. All baseline blood investigations were normal. His ultrasound suggestive of mild to moderate free fluid in peritoneal cavity. Thick septa like structure seen in rt. side of abdomen in fluids, 2-3 thin septas seen in RIF, seems to be thickened mesenteric fat, fluid filled small bowel with sluggish peristalsis distension up to 2.7 cm. CECT Abdomen S/O multiple mesenteric lymph nodes largest one 8mm, mild to moderate ascites with thin band like structure in rt. lumbar region extending to rt. iliac fossa, mesenteric and omental haziness.

CASE REPORT

ABSTRACT

We describe the case of 60 year male patient with pain in epigastric and right lumbar region associated with constipation and vomiting. His Ultrasound suggestive of mild to moderate free fluid in peritoneal cavity. Thick septa like structure seen in rt. side of abdomen in fluids, 2-3 thin septas seen in RIF, seems to be thickened mesenteric fat, fluid filled small bowel with sluggish peristalsis distension up to 2.7 cm. CECT Abdomen S/O multiple mesenteric lymph nodes largest one 8mm, mild to moderate ascites with thin band like structure in rt. lumbar region extending to rt. iliac fossa, mesenteric and omental haziness. So emergency exploratory laparotomy was done. On exploration grossly dilated bowel loops seen with loop of small bowel 100 cm (2nd 3rd 4th part of duodenum, proximal jejunum and terminal ilium ilium) found to be content of hernial sac. Sac is reduced and adhesions are released. Now, 10 cm proximal to I-C junction impending perforation noted with surrounding necrosed segment which was resected and ilio-ileal anastomosis done. Fixation of caecum done in left hypochondrium below diaphragm and lateral abdominal wall. Small bowel loops placed on rt. side of abdomen. Caecum, ascending colon, transverse colon, descending colon placed on left side of abdomen avoiding kinking. Post-operative period was uneventful and patient discharge...
A Rare Cause Of Acute Intestinal Obstruction

141
Int J Res Med. 2016; 5(1); 140-141  e ISSN:2320-2742   p ISSN: 2320-2734

on 10th POD with no complain on follow up examination.

DISCUSSION
Duodenal types of hernias and probably paracaecal types of hernias are in fact anomalies of intestine rotation in which small intestine is trapped behind the transverse mesocolon as the caecum rotates from left to right of abdomen to become fixed to posterior peritoneum.

Classification of paraduodenal hernias:
Type 1 Left mesocolic hernia, resulting from invagination of left mesocolon in the avascular area behind the inferior mesenteric vessels –Left paraduodenal hernia
Type 2 Right mesocolic hernia, resulting from nonrotation of small intestine and subsequent entrapment by rotation and fixation of caecum and ascending colon – Right paraduodenal hernia.
Type 3 Transverse mesocolic hernia, resulting from reversed rotation of midgut with invagination of the transverse colon and portion of right colon.

Mostly cases are asymptomatic and detected incidentally at laparotomy and autopsy. Rarely may present with Acute intestinal obstruction and it is usual to make diagnosis before operation. Surgical management is the only option available.

REFERENCES