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Original Research Paper

General Surgery

A CASE OF TRANSMESENTERIC HERNIA WITH SMALL BOWEL GANGRENE

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ABSTRACT Transmesentric hernia involves herniation through a gap in the mesentry.We have case report of a 51 M with complaints of diffuse abdomen pain for 1 day and 1 episode of non bilious vomiting.Patient had history of postprandial abdomen pain and loss of weight in the past 10 months CT abdomen and pelvis showed clumping of jejunal loops in right side with hypoenhancement of the bowel wall with moderate ascites in abdomen.Laprotomy done it was found to be transmesentric herniation of small bowel.The jejunal loops were reduced and found to be gangrenous hence proceeded with resection of gangrenous loop proximal end jejunostomy with distal mucous fistula

KEYWORDS : Internal hernia, Transmesentric hernia, jejunostomy

INTRODUCTION

A transmesenteric hernia is a form of internal hernia through a congenital defect in the mesentery. Despite the congenital nature of transmesenteric haernia, they can present at any age, though they are more common in the paediatric population The orifice of a internal hernia is usually created by abnormal rotation of the bowel during the embryonic period, but it can also be caused by a pre-existing anatomic structure. The pathogenesis of mesenteric defects is uncertain with one popular hypothesis suggesting the cause may be prenatal intestinal ischaemia and subsequent thinning of the mesenteric leaves, because prenatal intestinal ischaemia is associated with bowel atresia in 5.5% of the paediatric population.Global Journal for Research Analysis Website: www.worldwidejournals.com (ISSN 2277-8160)

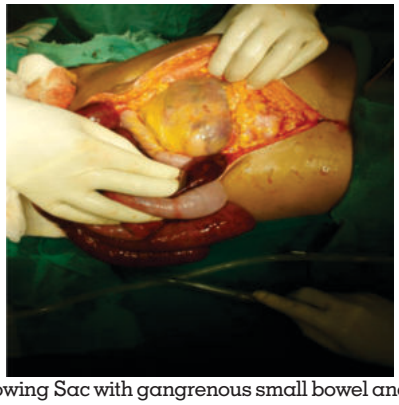

Image showing Sac with gangrenous small bowel and partially reduced contentGlobal Journal for Research Analysis Website: www.worldwidejournals.com (ISSN 2277-8160)

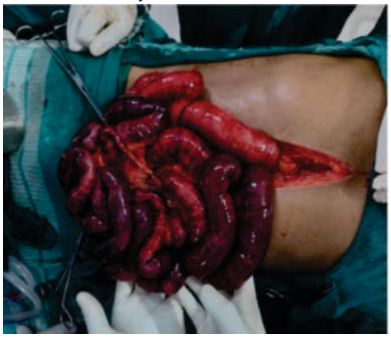

Image showing gangrenous small bowel after reducing the contentGlobal Journal for Research Analysis Website: www.worldwidejournals.com (ISSN 2277-8160)

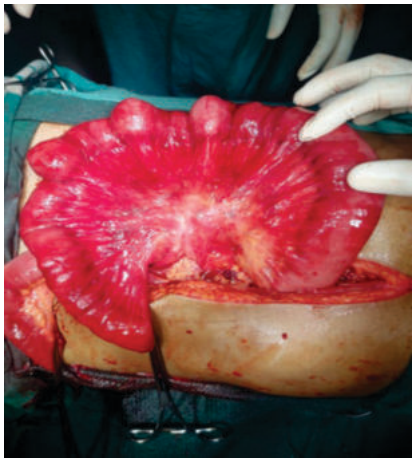

Image showing the remaining bowel after resection of gangrenous Bowel

Case Study

A 51 year old male came with complaints of diffuse abdomen pain and 1 episode of non bilious vomiting for 1 day.Patient had history of postprandial pain and loss of significant weight for the past 10 months.patient had no Comorbiditiea,no history of any previous surgeries,non alcoholic and non smoker.On examination patient found to be conscious BP 90/60 mm hg pulse rate of 110/minute Perabdomen there was diffuse tenderness with no guarding white blood cell count found to be elevated 24000 .CECT of abdomen and pelvis done clumping of jejunal loops noted in right side with wall edema and hypo enhancement with moderate ascites.Intraoperatively on opening the abdomen around 500 ml of toxic fluid drained,sac found in sub hepatic region with gangrenous bowel loops.A defect in mesentry was identified,contents reduced jejunum 10 cm from duodenal jejunal flexure till ileum 10 cm from iliocaecal valve reduced and found to be gangrenous.Gangrenous segment resected proximal end jejunostomy and distal mucous fistula placed.post operatively patient treated with IV antibiotics and ionotrops.On post operative day 2 patient declared dead due to septoc shock.

CONCLUSION

Although internal hernia is a rare cause of acute small bowel obstruction, it must be considered in differential diagnosis.

The increased prevalence of bariatric surgeries with increased changes in gastric bypass anatomy following the bariatric surgery makes the awareness more important. So early diagnosis in the setting of acute presentation and timely surgical intervention is necessary because bowel ischemia and necrosis can develop rapidly with other herniasGlobal Journal for Research Analysis
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