



Obstructed Littre's Hernia – A Case Report

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ABSTRACT

Meckel's diverticulum is the most prevalent congenital abnormality of the gastrointestinal tract. Hernial strangulation of Meckel's diverticulum (Littre's Hernia) is a rare anatomico-clinical form. Surgery is the mainstay of treatment. Here we operated a case of obstructed Littre's hernia in a 70 year old male who came to us with features of acute intestinal obstruction due to obstructed left inguinal hernia.

KEYWORDS

Acute intestinal obstruction; Littre hernia; Resection anastomosis

INTRODUCTION: Littre hernia is the protrusion of a Meckel diverticulum through a potential abdominal opening. Embryologically, Meckel diverticulum is the persistent intestinal part of the omphaloenteric duct through which the midgut communicates with the umbilical vesicle until the fifth week. It is found at the antimesenteric border of the ileum, usually located 30 to 90 cm from the ileocecal valve, measuring 3 to 6 cm in length and 2 cm in diameter. Usual sites of Littre hernia are: inguinal (50%), umbilical (20%), and femoral (20%). Meckel diverticulum may be accompanied in the sac by the ileal loop to which it is attached; rarely, it may undergo incarceration or strangulation, necrosis, and perforation. In children, it is mostly found in umbilical hernias, and the diverticulum is more prone to adhere to the sac. Repair of Littre hernia consists of resection of the diverticulum and herniorrhaphy; in perforated cases, care must be taken to not contaminate the hernia field.

CASE REPORT:

A 70 year old male came to us with history of absolute constipation for last 12-14 hours. On examination we found a left sided obstructed inguinal hernia. We did an abdominal ultrasound and straight x-ray abdomen to confirm the case as an acute abdominal obstruction due to obstructed inguinal hernia.

After proper resuscitation we explore the inguinal canal of left side under general anaesthesia. We opened the hernia sac and found gangrenous Meckel's diverticulum inside the sac as content. We performed segmental resection of small intestine and end to end single layer ileo-ileal anastomosis.



Obstructed Littre's Hernia



Resected Meckel's Diverticulum

DISCUSSION:

Meckel's diverticulum is the most prevalent congenital abnormality of the gastrointestinal tract with an accepted incidence of 1 to 3 percent. [1]. Most adults present with obstruction (33%), diverticulitis (30%) or both [2]. Several mechanisms may cause obstruction. The diverticulum may be the leading point for an intussusception or volvulus around a fibrous band by which the diverticulum remains attached to the umbilicus. Other mechanisms of obstruction include entrapment of bowel within an internal hernia, entrapment between the mesentery and a mesodiverticular band, strangulation of the diverticulum in an external hernia [3].

The preoperative diagnosis of a Littre hernia is difficult to establish. In case of mechanical small intestinal obstruction plain abdominal radiographs may demonstrate air fluid level.

The computerized tomography scans are often nonspecific but occasionally helpful. The diagnosis is generally not possible with computerized tomography unless the diverticulum is

visualized [4]. Surgery is the mainstay of treatment [5]. The diverticulum is locally excised and small intestine sutured transversely. If the base of diverticulum is wide or the intestine appears nonviable, resection of the involved loop of ileum with end to end anastomosis may be required [1].

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