



CASE REPORT

PARADUODENAL HERNIA: A RARE CASE OF INTESTINAL OBSTRUCTION.

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ABSTRACT:

Internal hernias are a rare cause of intestinal obstruction (<2%). Para duodenal Hernia a type of internal hernia is a rare cause of small intestinal obstruction. LPDH arises from the Fossa of Lanzert (left of 4th part of the duodenum, posterior to the inferior mesenteric vein and left branches of the middle colic artery). Only 3 cases reported in the literature have presented with palpable mass in the left quadrant.

KEYWORDS: Para duodenal hernia, Intestinal obstruction, Fossa of Lanzert.

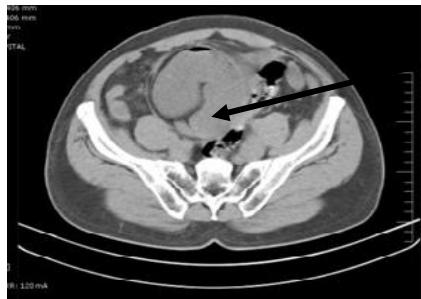
INTRODUCTION

Internal abdominal hernias a rare condition, accounting for 0.9% of all intestinal obstructions. Para duodenal hernias constitutes half of all internal abdominal hernias. They occur when the small bowel herniates into the Para duodenal fossa and can manifest as intestinal obstruction. Herniation into the left Para duodenal fossa (fossa of lanzert) occurs more frequently than herniation into the right fossa (fossa of Kolb). Clinical diagnosis is difficult. We report a case of a Para duodenal hernia as an operative finding in a patient who underwent a laparotomy for intestinal obstruction

CASE REPORT:

A 37 year old male patient presented with intermittent, colicky abdominal pain, vomiting, and obstipation since 5 days. No history of fever, trauma or any other previous surgeries in the past. On distension of abdomen and a tender mass was felt in the upper abdominal quadrant. Erect abdomen x ray showed no signs of obstruction. An ultrasound of abdomen showed features suggestive of intestinal obstruction. CECT abdomen revealed small bowel obstruction due to herniation into the left Para duodenal fossa.

Explorative laparotomy was performed and a hernia sac of 25 cm arising from a defect just left of the fourth part of duodenum. Intestinal contents were not reducible, peritoneal sac was opened. Multiple inter bowel adhesions were noticed. The entrapped bowel loops were viable; the adhesions were released; abdomen closed in layers. Post-operative period was uneventful and patient made a smooth recovery.



Paraduodenal hernia
Figs1&2



Adhesionolysis



Fig-3

Fig-4

DISCUSSION:

An internal hernia is defined as a hernia formed by the protrusion of a viscus through a peritoneal or a mesenteric aperture, leading to its encapsulation within a compartment a compartment of the abdominal cavity. Internal hernias account for less than 2% of intestinal obstructions.⁶

Para duodenal hernias are very rare in spite of accounting for a large number of internal hernias. They occur three times more commonly in the left Para duodenal fossa (LPDH -hernia of Lanzert) than in the right (Waldeyer's hernia) and are more common in men. LPDH arises from the fossa of Lanzert, a congenital defect located to the left of the fourth part of the duodenum, posterior to the inferior mesenteric vein and left branches of the middle colic artery.^{7, 8, 9}

Most of them may present between in between 4th to 5th decades of life.^{1, 3}. They can be asymptomatic or may present as an acute intestinal obstruction. Findings on physical examination may be normal or may reveal signs of intestinal obstruction.^{1, 3}

Pre-operative diagnosis is difficult. Plain abdominal x ray may be normal or may demonstrate dilated bowel loops in a mass lateral from the mid line. Ultrasonography may demonstrate an abdominal mass or dilated bowel loops. Contrast enhanced computed tomography may reveal



loops of small bowel herniating into the Para duodenal fossa within a sac. After diagnosis treatment should be prompt². Explorative laparotomy is mandatory, wherein sac contents are reduced and the defect repaired. In our case bowel contents could not be reduced so peritoneal sac was opened and then the contents were reduced followed by excision and plication of the sac and repair of the defect.¹

CONCLUSION:

Para duodenal hernias are extremely rare and difficult to diagnose hence awareness is required for prompt diagnosis and surgical treatment.

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