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THEME: **Internal Hernia**

Internal Hernia: Tricky Diagnosis and Challenge Treatment

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Introduction

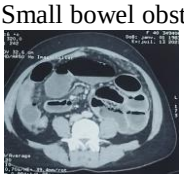
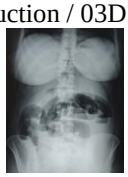
•Internal hernias pose a diagnostic challenge. There are no clear guidelines for the surgical approach (1).

•They are often diagnosed intraoperatively or revealed by a complication during an occlusive syndrome.

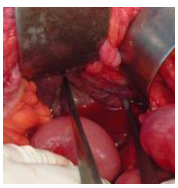
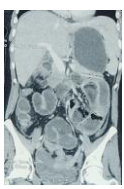
•We report the clinical, radiological and operative characteristics of 03 cases of internal hernia.

Case n°1

•Woman, 40 years,
•Peritonitis (Appendicitis)
•Small bowel obstruction / 03D

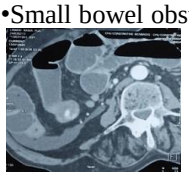
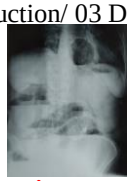
•Left Paraduodenal Hernia

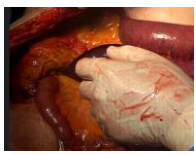
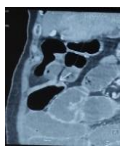
• Reduction herniated intestine
•Defect closed with sutures
•**No recurrence**: 23 M later.

Case n°2

•Man, 84 years
•Cholecystectomy /17 years
•Coronary thrombosis /01 M
•Small bowel obstruction/ 03 D

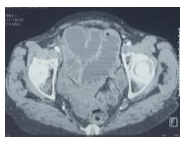
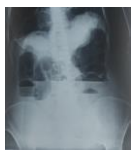
•Trans-omental Hernia

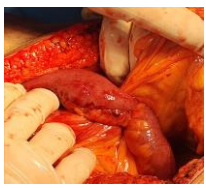
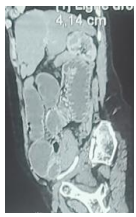
•Reduction herniated intestine
•Defect closed with sutures
•Death: D1. Cardiogenic Shock

Case n°3

•Woman, 66 years,
• Small bowel obstruction / 03D

•Tans-mesosigmoid Hernia

•Reduction herniated intestine
•Defect closed with sutures
•**No recurrence**: 05 M later.

Discussion

- Protrusion of abdominal viscera, through a peritoneal or mesenteric aperture into a compartment in the abdominal and pelvic cavity (2).
- 0.6–5.8% of all cases of intestinal obstruction (3).
- **X-ray**: hydro-aerial levels in small intestine. **CT scan**: **Gold standard**, preoperative diagnosis (3).

❖ **Left Paraduodenal Hernia**: most common subset, fossa of Landzert, peritoneal pocket, IMV and ascending left colic artery at the anteromedial edge (1)
❖ **Trans-Omental Hernia**: through both leaves, posterior to anterior, **without** a saclike appearance (4) .
❖ **Tans-Mesosigmoid Hernia**: complete defect involving both layers, bounded by branches of IMA, **without** an actual hernial sac (5).

- **Emergency surgery**: prevent strangulation, gangrenous bowel,
- Laparotomy or Laparoscopy, Single-incision laparoscopic surgery, Needlescopic surgery (1).
- Hernia reduction, closure of the defect,+/- Resection of any nonviable bowel (4).

Conclusion

- Internal hernias are a rare but possible cause of acute intestinal obstruction in adults.
- In the case of acute intestinal obstruction without surgical history, even in old age,
  - It should be kept in mind that an internal hernia may be an unusual cause.
- Urgent surgical management reduced the risk of postoperative complications.

References

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