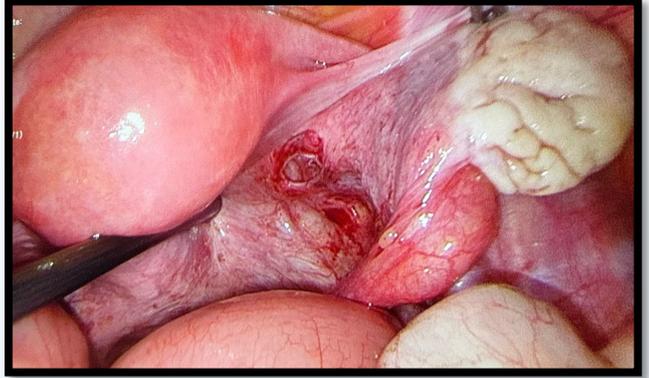


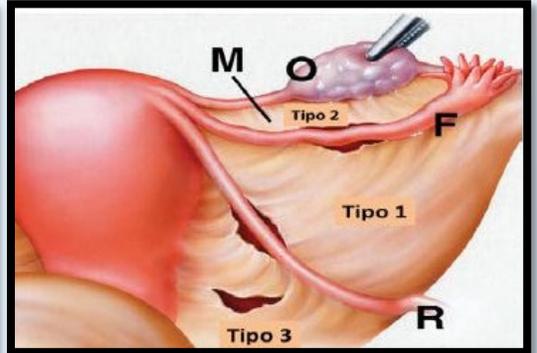
Abdominal Wall Surgery: A Case of Uterine Broad Ligament Hernia Leading to Small Bowel Obstruction

*Alvaro Usabiaga, Aida Elisa Perez, Elka Alejandra Jaimes, Rodrigo Calleja, Maria Jesus Peña, Antonio Jose Torres.
 H. Clínico San Carlos - Madrid (Spain)*

AIM: To report a rare case of small bowel obstruction caused by a uterine broad ligament hernia, highlighting its clinical presentation, diagnostic approach, and surgical management.



MATERIAL & METHODS: A 46-year-old female presented with 48hrs of abdominal pain, nausea, vomiting and limited bowel movements. Physical exam revealed abdominal distension and tenderness, with no palpable hernias. CT scan showed mechanical small bowel obstruction with mesenteric engorgement and signs of bowel distress. Urgent surgical exploration was performed.



RESULTS: Intraoperative findings confirmed a **hernia type I cause of obstruction**.

The small bowel loop was successfully reduced, and the defect was repaired. The patient recovered uneventfully and was discharged.

CONCLUSION:

Broad ligament hernia is a rare but important cause of small bowel obstruction in women, particularly in those without prior abdominal surgery.

The largest available meta-analysis (Sajan et al., 2021) reviewed 49 cases between (2000-2020), reporting a **59% laparoscopic success**.

Most patients presented with acute obstruction and pelvic-located small bowel loops; bilateral defects were found in up to 20% of cases. These findings highlight the importance of early CT imaging, high clinical suspicion, and thorough intraoperative exploration of both broad ligaments to ensure defect closure and prevent recurrence.

CILLEY'S CLASSIFICATION:

Type I: Defect most common **caudal to the round ligament**, extending completely through the broad ligament.

Type II: Defect **above the round ligament**, traversing the **mesosalpinx** or **mesovarium**.

Type III: Defect **between the round ligament and the remainder of the broad ligament**.