

Parastomal hernia containing stomach: uncommon presentation

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Aim:

To report a rare case of a parastomal hernia containing gastric content in an elderly patient and discuss the management and outcomes.

Material & Methods:

A 90-year-old female with significant comorbidities, including COPD and a history of Hartmann's procedure, presented with recurrent vomiting and signs of high digestive obstruction. CT confirmed a parastomal hernia with gastric content but no ischemia. Localized surgery was performed with reduction and suture repair.

Results:

The patient was hemodynamically stable, with a soft but painful and irreducible hernia. CT showed stomach herniation through the parastomal defect. During surgery, gastric content was reduced and the defect closed with sutures. Postoperative recovery was uneventful.

Discussion:

Parastomal hernias are common, but gastric involvement is extremely rare and indicates major anatomical disruption. Early diagnosis is essential to prevent strangulation or ischemia. In our case, absence of ischemia allowed for a conservative, localized surgical repair. For elderly patients with comorbidities, mesh placement may be risky. Simple suture repair offers a safe alternative with fewer complications. Literature supports such individualized strategies. Prompt, tailored management ensures optimal outcomes in high-risk patients.

Conclusion:

This case supports individualized management for rare parastomal hernias. A localized repair without mesh can be effective and safe for elderly patients.



References:

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