

## Omental Bursa Hernia: A Rare Cause of Intestinal Obstruction

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### Abstract

### Case Report

A male patient was admitted emergently with acute small bowel obstruction. An urgent laparotomy revealed, a loop of gangrenous ileum herniated through the omental bursa. The compromised bowel was resected and a primary anastomosis was performed. This case report allows us to discuss the diagnostic and therapeutic features of this rare condition.

**Keywords:** Internal Hernia, Omental Bursa Hernia, Small Bowel Obstruction.

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## INTRODUCTION

Internal hernias are rare [1]. Their diagnosis is most often performed intraoperatively [2]. The anatomical forms of internal hernia are numerous, some very rarely reported. However, knowledge of the different varieties of internal hernias is fundamental to consider a preoperative diagnosis. The omental bursa hernia of the adult is a rare form of internal hernia [3, 4]. We present a case of occlusion intestinal tract by internal hernia in the omental bursa through the gastrocolumn ligament treated in the visceral surgery department of CHU HASSAN II of FES, Morocco, to contribute to the knowledge of the clinical features of this entity.

## CASE REPORT

A 60-year-old man was admitted urgently; for abdominal pain, vomiting and stopping of materials and gases. This symptomatology had been evolving for 48 hours. The interrogation notes the regular occurrence of similar crises having given up after a few hours. No history of surgery was found abdominal, or abdominal

trauma. The physical examination confirmed the presence of a occlusive syndrome with abdominal distension and meteorism. Hernias parietal were free. The rest of the physical examination was normal. X-ray of the abdomen without preparation noted hydro-aerial levels of the hialic type. The Computed tomography showed an intestinal obstruction in a bird's beak (Figure-1).

The diagnosis of acute intestinal obstruction was retained. But in the face of the worsening abdominal tenderness in defense; A laparotomy was indicated urgently. The incision been a median. We noted incarceration of ileal loops across a defect about 4 centimeters long, located at the level of the gastro-colic ligament with a sac hernia passing in the omental bursa (Figure-2). The incarcerated ileum was necrotic. It was an acute intestinal obstruction by internal hernia via the gastrocolic ligament. The treatment consisted of resection and anastomosis and closure of the hernia by a sutured thread surfer. The postoperative course was simple. The discharge from the hospital been authorized on the third postoperative day.

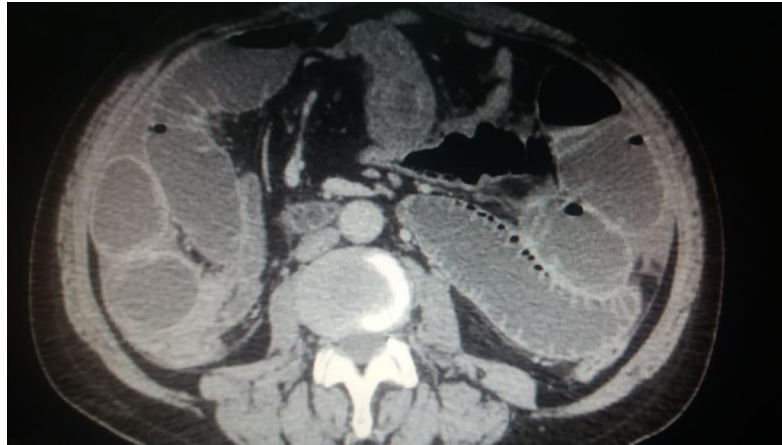


Fig-1: Image in a bird's beak

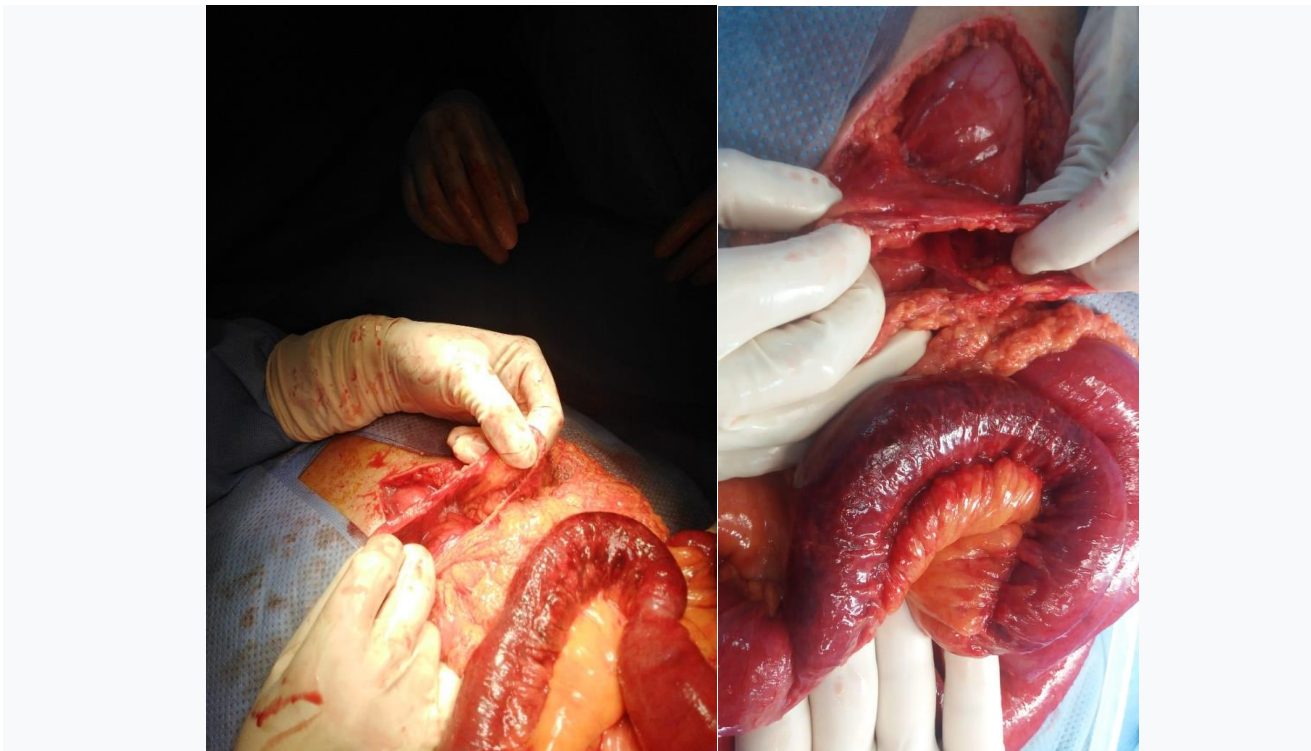


Fig-2: Intestinal hernia in the omental bursa

## DISCUSSION

The trans-omental hernias: are the rarest internal hernias, they are of a frequency of 1 to 4% of all internal hernias [1, 2]. Most often interest the man over 50 years old [3, 4]. The duodenal dimples are peritoneal folds that can three mechanisms, lack of attachment of the peritoneum, folds of vascular origin (the vessels raise the peritoneal leaflets thus creating the dimples), or even these two associated mechanisms. There are then five duodenal dimples that may be of interest surgical [5].

Before an occlusion of the young subject without a history of surgery or trauma Abdominal, the diagnosis of internal hernia can be evoked, especially when the interrogation found a long history of recurrent abdominal pain.

Their diagnosis is usually made intraoperatively [6, 7]. However, with the development of medical imaging, and in particular scanner and imaging magnetic resonance, preoperative diagnosis is nowadays possible [9].

Intraoperative, The diagnosis of trans-omental hernia can be difficult, requires first identify the hernial opening, [3, 8]; the bag is then in the back cavity of the epiploons.

Indeed, the majority of these hernias are wide-necked and loosely closed, thus making it possible to obtain a complete reduction of its contents by simple traction, and the hernia orifice must be closed using resorbable son or no. But any attempt to excise the hernia sac must be proscribed [5, 9].

## CONCLUSION

Trans-omental hernia is a rare but possible cause of occlusion intestinal acute in adults. It should be considered in the presence of episodes of subocclusion spontaneously reduced. Late diagnosis can lead to complications type of loop necrosis.

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