

Acute Small Bowel Obstruction Caused by Trans Epiploic Hernia in a Young Man: A Case Report

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Abstract

Case Report

Introduction: A strangulated hernia is a surgical emergency. Hernia strangulation is manifested by a hard, painful and irreducible inguinal swelling and requires emergency surgical treatment. In some cases, it can be revealed by pathology; hence its name of hernia symptom and the diagnosis will only be rectified by gesture. **Observation:** We report the case of 50 year old men with no particular pathological history, admitted to the emergency for management of a strangulated right inguinal hernia and whose surgical exploration revealed appendicular peritonitis. **Conclusion:** The diagnosis of strangulated inguinal hernia is a clinical diagnosis that most often does not require any additional examination. But in some cases it can be revealed by another pathology mimicking a strangulated hernia, the diagnosis of which is corrected during surgery.

Keywords: strangulated hernia, peritonitis, hernia symptom.

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INTRODUCTION

Internal hernia through trans-epiploic is a rare cause of intestinal obstruction. It is most often diagnosed intraoperatively. They should be distinguished trans-mesenteric, transmesocolic or retro-anastomotic internal hernias after surgery.

CASE REPORT

A 30 years old patient, with no clinical history was admitted for epigastric pain associated with vomiting followed by constipation-to-obstipation, and distention. The physical examination confirmed the presence of an obstructive syndrome: abdominal distension and meteorism. No signs of abdominal or inguinal hernias. The rest of the physical examination was normal. Abdominal X-ray noted "air-fluid levels".



Figure 1: Intra operative photo showing trans-epiploic hernia

The CT scan confirmed the obstruction. The patient was admitted to the operation room, The laparotomy exploration noted the incarceration of a bowel segment of 30 centimeters in an epiploic defect. The treatment consisted of an hernia reduction, Appreciation of the viability of the incarcerated segment followed by the intestinal anastomosis The epiploic breach was closed. Postoperative clinical and biological results were normal.

DISCUSSION

Internal hernias are a rare cause of intestinal obstruction, representing about 0.5 to 5% of all causes. Internal hernias are rare, representing 0.5 to 5.8% of cases of intestinal obstruction; however, they are associated with mortality of up to 50% in certain series. trans epiploic hernia is the third most frequently occurring, representing 8% of internal hernias.

They should be distinguished from “iatrogenic” trans-mesenteric, transmesocolic or retro-anastomotic internal hernias after surgery [2,3]. The clinical symptoms may be non-specific: they generally point to an acute small bowel obstruction epigastric pain [4]. Their diagnosis is usually made intraoperatively. However, with the development of medical imaging, in particular CT and MRI, preoperative diagnosis is now possible.

Therefore, it is essential to appreciate the different varieties of internal hernias. Indeed, the diagnosis of a bowel obstruction by internal hernia implies a perfect knowledge of the anatomical varieties involved. Several anatomical forms of internal hernias have been reported. The delayed diagnosis can invoke necrosis which is a fatal complication [5].

CONCLUSION

Transepiploic hernia is a rare but possible cause of acute bowel obstruction in adults. The presence of spontaneously reduced episodes of sub-occlusion can be an important argument for the

diagnosis. Late diagnosis can lead to complications such as intestinal necrosis.

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