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Radiology

Left Paraduodenal Hernia

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Abstract **Case Report**

Paraduodenal hernias make up 50% of all internal hernias, approximately 80% are observed on the left side. Left paraduodenal hernia is three times more common in men, their treatment is always surgical. We report here a case of a left paraduodenal hernia in a young woman.

Keywords: Left paraduodenal hernia - Fossa of Landzert - Left colic artery.

INTRODUCTION

Left paraduodenal hernia is an entrapment of the small intestine in the Landzert fossa, an unusual congenital peritoneal anomaly located behind the descending mesocolon and resulting from the failure of fusion of a portion of the descending mesocolon with the posterior parietal peritoneum [1].

CASE REPORT

This was an 18-year-old female patient with no particular pathological symptoms, admitted for sudden-onset generalized abdominal pain that had lasted for four days without vomiting or bowel movement disturbances.

Clinical examination revealed tenderness and guarding in the left hypochondrium upon palpation. An emergency CT scan with contrast injection showed small bowel loops clustered in a circular pattern in the left hypochondrium extending into the anterior pararenal space, consistent with a paraduodenal hernia. (Fig. 1-2-3)

Fig.1 Axial view; hernia sac (blue), containing small bowel loops, without signs of ischemia The left colic artery (red arrow) is within the anterior neck of the hernial orifice

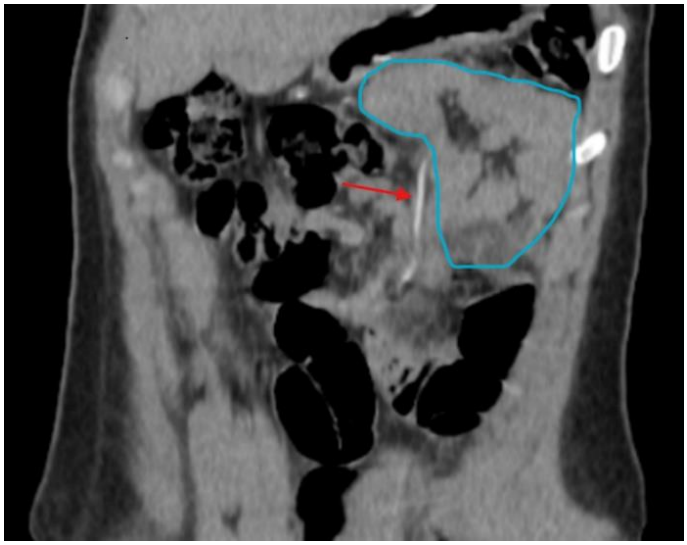

Fig. 2 Coronal view; the left colic artery (red arrow) is within the anterior neck of the hernial orifice

Fig. 3 Axial view; the inferior mesenteric vein (blue arrow) is also visible in the anterior part of the neck of the hernial orifice

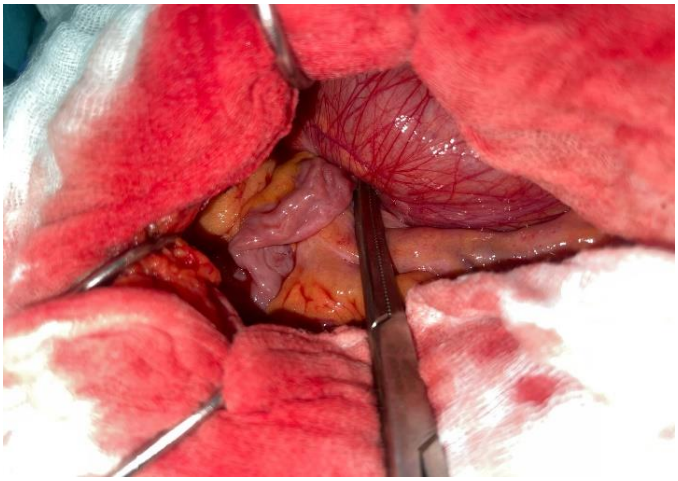

Fig. 4 Operative finding of hernia sac in the fossa of Landzert containing small bowel loops

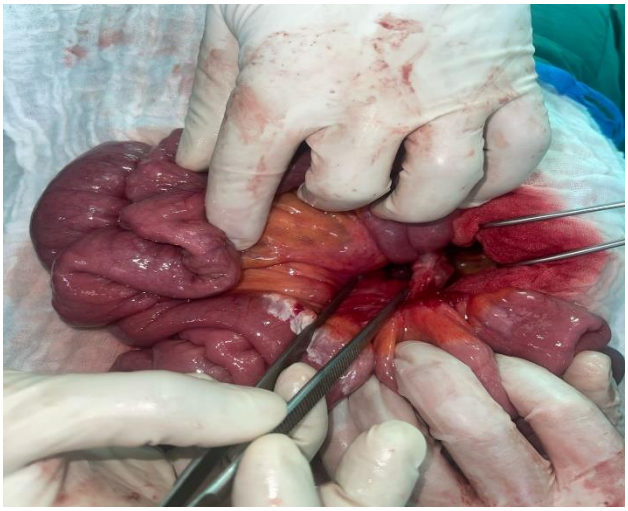

Fig. 5 The small intestine is located on the right of the image, the forceps is inserted into hernia orifice behind the descending mesocolon

DISCUSSION

Left paraduodenal hernias alone account for 53% of internal hernias and 75% of paraduodenal hernias. They are three times more common in men. They develop from the Landzert fossa, located at the duodenojejunal flexure, in the descending and transverse mesocolons, by detaching the left Toldt's fascia, which contributes to the formation of the hernial sac [2].

The fossa is located to the left of the fourth part of the duodenum and posterior to the inferior mesenteric vein [3].

It is often asymptomatic or presents with vague abdominal pain [4].

The diagnosis is made by CT scan, which shows agglutination of the small bowel loops to the left of the duodenojejunal flexure of Treitz.

Treatment requires emergency surgery with hernia reduction [5].

Disclosure of interest

The authors declare that they have no conflicts of interest.

REFERENCES

1. Satoshi Doishita, Tohru Takeshita, Yasutake Uchima, et al. Internal Hernias in the Era of Multidetector CT: Correlation of Imaging and Surgical Findings. Radiographics, 2016; 36(1): 88–106.
2. Régent D, Ranchoup Y, M'Benge A, Phi IN, Chikhaoui N, MathiasJ. Imagerie radiologique des hernies internes. EMC - radiologieet imagerie médicale : Abdominale - Digestive 2015 ;10 :1—24[Article 33-320-A-10].
3. Martins A, Gonçalves Á, Almeida T, Gomes R, Lomba J, Midões A. Left Paraduodenal Hernia. J Gastrointest Surg. 2018 ;22(5) :925–927. Doi: 10.1007/s11605-017-3626-4.
4. Wakabayashi M, Kono S, Takahashi T. Laparoscopic repair of acute small bowel obstruction due to left paraduodenal hernia: A case report. Int J Surg Case Rep. 2018 ;51 :194–199. Doi: 10.1016/j.ijscr.2018.08.050.
5. Falk GA, Yurcisin BJ, Sell HS. Left paraduodenal hernia: case report and review of the literature. BMJ Case Rep. 2010 ;2010 doi: 10.1136/bcr.04.2010.2936.