

Occlusion By Transmeso - Internal Hernia Congenital Sigmoid: About A Case

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Abstract

Case Report

Internal hernia through a meso-sigmoid defect or hernia Transmesosigmoid is a rare cause of acute intestinal obstruction. Its diagnosis is most often made intraoperatively. Knowledge of its clinical particularities makes it possible to consider the preoperative diagnosis. We present 1 case of acute intestinal obstruction caused by a hernia Transmesosigmoid congenital in 1 adults. We discuss the clinical particularities of this rare form of internal hernia.

Keywords: Internal hernia, hernia Transmesosigmoid acute intestinal obstruction.

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INTRODUCTION

Acute intestinal obstructions due to internal hernia are rare [1]. Their diagnosis is most often made intraoperatively [2]. The anatomical forms of internal hernia are numerous, some being very rarely reported. However, knowledge of the different varieties of internal hernias is fundamental when considering a preoperative diagnosis. Hernia Acute intestinal obstructions due to internal hernia are rare [1]. Their diagnosis is most often made intraoperatively [2]. The anatomical forms of internal hernia are numerous, some being very rarely reported. However, knowledge of the different varieties of internal hernias is fundamental when considering a preoperative diagnosis. Adult congenital hernia is a rare form of internal hernia [3, 4]. We present two cases of acute intestinal obstruction by internal hernia Congenital transmesosigmoid treated in the general surgery department of the regional hospital of Tenkodogo, in Burkina Faso, in order to contribute to the knowledge of the clinical particularities of this congenital entity of adults is a rare form of internal hernia [3, 4]. We present a case of acute intestinal obstruction by internal hernia Congenital transmesosigmoid.

OBSERVATION

A 56-year-old man was admitted to the emergency room for diffuse abdominal pain, vomiting food and cessation of matter and gas. This symptomatology had been evolving for 48 hours. The interrogation notes the regular occurrence of similar crises which subsided after a few hours. No history of abdominal surgery or abdominal trauma was found. Physical examination confirmed the presence of an occlusive syndrome with abdominal distension and meteorism. The parietal hernial orifices were free. The remainder of the physical examination was normal. Unprepared abdominal radiography noted hydro-aerial levels of the grelic type. Abdominal CT scan shows mechanical intestinal occlusion upstream of the hypogastric caliber disparity zones with radial arrangement of the loops and convergence of the mesenteric folds towards a swirl image. Complete blood count, blood glucose and serum creatinine were within normal limits. The diagnosis of acute intestinal obstruction was made. An emergency laparotomy was indicated. The incision was a midline. Intraoperatively we noted an incarceration of ileal loops through a defect approximately 4 centimeters long, located at the level of the meso-sigmoid (Figure 1).

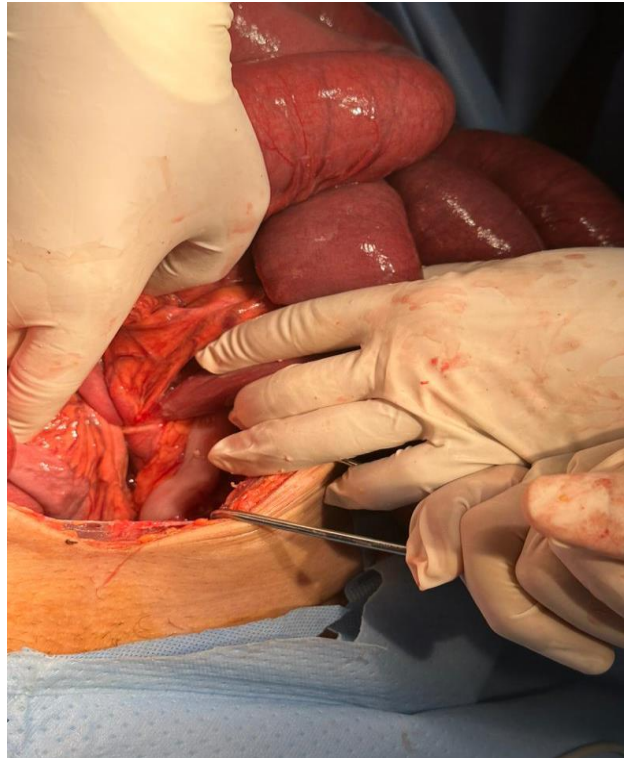


Figure 1: Disparity in grelo-grelic caliber upstream of internal hernia

DISCUSSION

Internal hernias are a rare cause of acute intestinal obstruction [1, 2]. They represent approximately 5% of all causes of acute intestinal obstruction [1]. Their diagnosis is generally made intraoperatively [2, 5]. However, with the development of medical imaging, and in particular CT and magnetic resonance imaging, preoperative diagnosis is now possible. Therefore, knowledge of the different varieties of internal hernias is of primary interest. Indeed, the diagnosis of intestinal obstruction by internal hernia implies perfect knowledge of the anatomical variety in question [6]. Several anatomical forms of internal hernias have been reported. Transmesenteric hernias are defined by a protrusion of an intra-abdominal viscera through a defect located in the mesentery or mesocolon [4]. This variety represents less than 5% of internal hernias [1, 7]. Our patient was admitted for occlusive syndrome. The particularity is the existence, in the antecedents, of numerous similar crises having resolved spontaneously after a few hours. Which suggests the occurrence of spontaneously reduced hernial strangulations. Faced with an occlusion in a young subject with no history of surgery or abdominal trauma, the diagnosis of internal hernia can be raised, especially when the interview notes episodes of subocclusion with spontaneous remission. Despite these clinical particularities, the preoperative clinical diagnosis of transmesosigmoid hernias remains difficult [3]. However, the contribution of CT and magnetic resonance imaging is considerable. Some scannographic diagnoses could be carried out [2]. Our patients had no history of abdominal surgery. The congenital hypothesis can

therefore be retained. Transmesosigmoid hernia occlusion mainly occurs in children [8]. Its occurrence in adults is extremely rare.

CONCLUSION

Transmesosigmoid hernia is a rare but possible cause of acute intestinal obstruction in adults. The presence of episodes of spontaneously reduced subocclusion can be an important argument for the diagnosis. Delayed diagnosis can cause complications such as loop necrosis.

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