

Para-duodenal hernia : An exceptional cause of acute bowel obstruction

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Abstract

Internal hernias represent only 0.5 to 1% of all causes of bowel obstruction. A 59-year-old patient presented acuetly with small bowel obstruction. Laparotomy revealed a left paraduodenal hernia with most of the small bowel herniating through a space between the inferior mesenteric vein and duodenojejunal junction.

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The authors declare have no conflict of interest relevant to this case

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Abstract

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Description

A 59-year-old male patient presented acutely with small bowel obstruction. An abdominal CT scan was performed showing left para-duodenal hernia with an incarcerated jejunal and ileal loops upstream of a single transitional level of the last ileal loop located at the level of the hypogastrium. The diagnosis of acute intestinal obstruction related to paraduodenal hernia was suspected, so we decided to operate the patient. Laparotomy revealed a left paraduodenal hernia (Figure 1) with most of the small bowel herniating through a space between the inferior mesenteric vein and duodenojejunal junction with necking in the last loop (Figure 2). The small bowel was reduced from the hernia and the defect of the mesentery was repaired using sutures.

Paraduodenal hernia (PDH) are responsible for only 0,2-0,9 % of all the cases of intestinal obstruction [1]. Surgical correction remains the main treatment of PDH. This image has an emphasis on one of the three techniques used for paraduodenal hernia repair: excision of the hernia sac with subsequent closure of the hernia defect [2]. The other operative approaches are closure or enlargement of defect

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Conflicts on interest

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Ethical approval

Ethics approval and consent to participate. Ethics Committee at Charles Nicolle hospital approved the case study for publication

Consent statement

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