

CASE REPORT

STRANGULATED HERNIA THROUGH THE OMENTOPLASTY DEFECT: A RARE CASE REPORT

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ABSTRACT: Buerger's disease is a limb threatening condition occurring in the young age group. Omental transfer is an old known procedure to re vascularize the ischemic limb. The herniation of bowel through the defect made for omental transfer is an unusual complication. The strangulation of the herniated bowel through the omentoplasty defect is even more unusual and rare. The defect in the musculoaponeurotic plane is responsible for the herniation. Here we present one such unusual case which presented with strangulated bowel. To our knowledge such complication has not been previously reported.

KEYWORDS: Omentoplasty, omental transfer, Strangulated Hernia.

CASE REPORT: A 55 year old male patient presented with painful swelling in groin on left side extending in to the thigh. He was a known case of Buerger's disease since 20 years under treatment. During the course of the disease, he had undergone lumbar sympathectomy this operation did not succeed and an omental transposition was done 10 yrs ago. This procedure also failed over a period of time and he finally ended up with gangrene of limb and Left above knee amputation was done 5 years ago. He had a left groin swelling since 10 years which had extended into the thigh. Patient presented with pain in the swelling since 3 days with vomiting and obstipation since 18 hours.

On examination the patient was dehydrated. Abdomen was distended, guarding was present, and bowel sounds were absent. Swelling was present in the left groin extending into the thigh. It was tender, tense and irreducible swelling, cough impulse was absent.

Ultrasonography showed a defect in the anterior abdominal wall measuring 2-3 cm showing herniation of bowel into the thigh and with absent peristalsis and vascular compromise, X-ray of erect abdomen showed features of intestinal obstruction.

Exploration was carried out by left groin incision. A large thin sac containing omentum with gangrenous ileal loops were found herniated. Constricting segment was seen at proximal ileum. A large defect of 3cm was found in the musculoaponeurotic tissue fashioned for omental transfer to revascularize the limb.

The gangrenous segment was resected along with the constricting segment and ileo-ileal end to end anastomosis was done. The defect was closed with prolene suture, hemostasis achieved and wound closed over suction drain. Post-operative recovery was uneventful.

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Fig. 1: Swelling in the left groin extending into the thigh



Fig. 2: Gangrenous segment

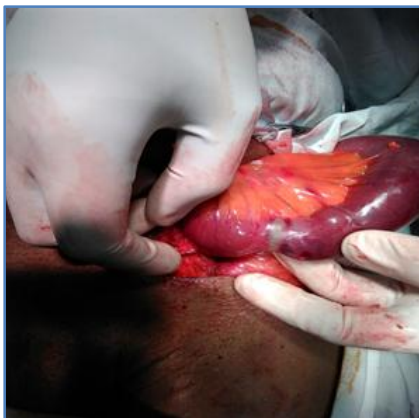


Fig. 3: Constricting Segment



Fig. 4: Resection of gangrenous segment and end to end ileo-ileal anastomosis



Fig. 5: Wound closed over suction drain

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DISCUSSION: Complications of Omental transfer to revascularize lower limb includes total necrosis of omental flap, ileus, infection, abscess formation and intestinal obstruction. An unusual complication, where herniation occurred through the defect created for omentum to bring it into the thigh was described by Lt Col Man Mohan Harjai et al. It has not been described anywhere else on extensive search of literature. The strangulation of the herniated bowel is extremely rare and has not been described anywhere in literature. The defect in the musculoaponeurotic plane was responsible for the unusual hernia. The narrow defect and the omental adhesions leading to constricted segment may have been the cause for strangulation. Omental transfer for revascularisation of lower limb is fairly obsolete and not in practice. However to prevent such complications, proper dissection and adequate tunnel in the musculoaponeurotic plane is suggested.

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