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Strangulated hiatal hernia, complicated by perforation on the background of an acute large bowel obstruction: Clinical case report

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Female patient of age 76 was admitted to emergency surgical department with complaints of constant dull pain in the epigastria, left upper quadrant, single vomiting, lack of appetite, general weakness expressed by 12 hours from the occurrence of complaints (June 2014). After the examination: ultrasound of the abdomen, gastroscopy, CT of the abdomen and pelvic organs (with intravenous and per os contrast) diagnosed with strangulated hiatal hernia with perforation esophageal-gastric junction and obstructive mass of the bowel (splenic angle). The volume of surgical intervention was laparotomy, Hartmann surgery, drainage esophageal-gastric junction area and drainage of the abdominal cavity. The closure of the perforation was not performed due to severe general condition, hemodynamic instability (intraoperative blood pressure 60/40 mm, clinical death during preoperative preparation) and presence of the cartilaginous mass of the left lobe of the liver from the abdominal portion of the esophagus and the small curvature of the stomach. Histological conclusion stated moderately differentiated adenocarcinoma, germinating the entire thickness of the wall of the colon, resection margin - no tumor growth, greater omentum - vascular congestion, and no mts data. On the 3rd day after surgery she developed outer gastric fistula (along the drainage channel), which is confirmed by dynamic computed tomography of the abdominal cavity. On the 25th day, the fistula was closed independently under the conservative treatment. The patient was discharged in good condition on the 36th day. In January 2015, there was reconstruction surgery of the large intestine with the small bowel "end-to-side." Overall, if we analyze the clinical observation we can suggest that acute large bowel obstruction has provoked an increase an intra-abdominal pressure and strangulation of the hiatal hernia. Dynamic monitoring of the patient confirmed the adequacy of the chosen tactic of the treatment, allowing to save your life, and afterwards to perform reconstructive surgery on the colon.

Biography

Kravchenko completed his PhD and currently working as an Associate Professor at the Department of Surgery, Odessa National Medical University with 18 years of experience. He has 3 patents of Ukraine and published more than 30 articles in medical journals.

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