

Strangulated Transomental Hernia with Intestinal Necrosis: An Autopsy Case

Satoshi Furukawa*, Lisa Wingenfeld, Ikuo Sakaguchi, Tokiko Nakagawa, Akari Takaya, Satomu Morita, Shigeru Yamasaki and Katsuji Nishi

Department of Legal Medicine, Shiga University of Medical Science, Otsu, Shiga, Japan

Abstract

Transomental openings are usually congenital. Transomental hernia is a rare cause of intestinal obstruction. A 36-year-old female was found to have a transomental hernia at autopsy. We report the case of the strangulated intestinal obstruction with no past history.

Keywords: Transomental hernia; Strangulated intestinal obstruction; Autopsy

Introduction

Internal hernias result from the protrusion of one or more abdominal viscera through an intra-peritoneal opening, with the herniated viscera remaining inside the abdominal cavity. Predisposing factors for transomental hernias include congenital anatomic defects of the liver, lesser sac, mesentery, as well as the presence of adhesions or increased intra-abdominal pressure [1,2]. Abnormal transomental openings are usually congenital, and rarely traumatic or iatrogenic [3]. Internal hernias are infrequent, accounting for 0.2 to 0.9 of the cases of intestinal obstruction, and lead to 0.5 to 4.1% of the cases of acute intestinal obstruction caused by hernias [4-6]. Transomental hernias through the greater or lesser omentum are even rarer, representing 1 to 4% of all internal hernias [3].

Case Report

A 36-year-old female who had previously been in good health, was admitted to the Emergency Department, complaining of having had diffuse abdominal pain and vomiting. At autopsy, she was found to have a transomental hernia. A loop of small bowel 120cm in length had prolapsed in a posterior-anterior direction through a 2 cm hole in the greater omentum. The ileal segment was strangulated and upon widening the hernia orifice, the ischemic bowel was removed. (Figure 1,2)

Discussion

Transomental hernia is a rare cause of intestinal obstruction and accounts for less than 1% of internal hernias [7]. The exact aetiology is unknown, although it has been proposed congenital in origin [8]. Transomental hernia has a defect which allows bowel to pass through the omentum. In the presence of necrosis, perforation or irreversible ischemia, intestinal resection is performed [6]. The extreme difficulty



Figure 2: Removed Ischemic Bowel.

in making diagnoses of specific signs and symptoms is emphasized [9]. On the other hand, internal hernias are invariably manifested as acute intestinal obstruction that requires early diagnosis and immediate surgery. Unfortunately, there were no diagnostic, clinical or radiological findings in this case. We reported the case of the strangulated intestinal obstruction with no past history.

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Figure 1: Widened Hernia Orifice.

*Corresponding author: Satoshi Furukawa, Department of Legal Medicine, Shiga University of Medical Science, Setatsukinowa, Otsu City, Shiga 520-2192, Japan, Tel: +81-77-548-2200; E-mail: 31041220@belle.shiga-med.ac.jp

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