Rare, interesting and unusual obstructing internal hernias

INTRODUCTION

Internal abdominal hernias often present with non-specific symptoms and although rare may present acutely, most commonly with small bowel obstruction. Contrast enhanced CT imaging (CECT) including multiplaner reformatting (MPR) plays a vital role in the diagnosis of both acute abdominal presentations and more chronic non specific symptoms. Previous abdominal pelvic surgery, patient age, gender and small bowel transition positions are all important factors when investigating and diagnosing potential causes of mechanical small bowel obstruction. This poster presents 7 patients presenting with small bowel obstructive symptoms that were diagnosed by CECT and subsequently validated at laparotomy.

CECT images in a young adult presenting acutely with abdominal pain. Axial image shows dilated small bowel loops within the lesser sac (white arrow). Coronal MPR image shows herniating small bowel mesentery through the foramen of Winslow (yellow arrow). Lesser curve of stomach (red arrow), pancreatic head (white arrow) and main portal vein (blue arrow) are indicated as landmarks.

CECT images of the abdomen and pelvis. Axial image shows fluid filled and dilated proximal small bowel loops (white arrows). Obstructed small bowel loops are seen entering the right paraduodenal fossa of Waldyer, crossing the midline to end to the left of midline within the internal hernia space (red arrow). Coronal MPR image further demonstrates pinched off small bowel entering the paraduodenal fossa of Waldyer (blue arrow).

CECT images of a patient presenting with acute lower abdominal pain. Axial and coronal MPR images show small bowel herniating through the right greater sciatic foramen (white arrows) on a background of intermittent symptoms.

CT colonography of an adult female presenting with intermittent abdominal pain on background history of endometriosis surgery. Axial image shows compressed right colon (white arrow) herniating beneath right broad ligament (red arrow) where the hernia defect was discovered at surgery. Coronal MPR image shows the caecum on a mobile mesentery deep within the pelvis (blue arrow). Uterus also indicated (yellow arrow).

CTCECT images in an elderly female presenting with an acute abdomen and vomiting. Axial image shows a fluid filled loop of small bowel (red arrow) herniating between the right pectineus (white arrow) and obturator internus muscle (blue arrow). Coronal MPR image shows proximal small bowel obstruction (yellow arrows).

CT colonography of a patient presenting acutely with vomiting following a past history of road traffic collision (RTC) that included a left flail chest. Axial image shows a left anterior diaphragmatic hernia containing fat (white arrow) and part of the stomach (red arrow). Coronal MPR image shows a second herniation of the stomach through the intercostal space (blue arrows).

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REFERENCES


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