Left Paraduodenal Hernia: A Report of A Case
Sol Paraduodenal Herni: Bir Olgu Sunumu

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Abstract
Paraduodenal hernia are an unusual cause of small bowel obstruction. It is classified as either right or left. Clinical symptoms may be intermittent, non-specific, and sometimes acute small bowel obstruction or ischemia. In this paper, we report a case of left paraduodenal hernia admitted to the emergency department with an acute abdomen pain and nausea.

Keywords: Paraduodenal hernia, Abdominal pain, Bowel obstruction.

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Introduction
Paraduodenal hernia is a rare internal congenital hernia due to an embryological abnormality. It is often associated with non-specific abdominal symptoms, as nausea, distension and abdominal pain or sometimes acute small bowel obstruction or ischemia. It is classified as either right or left, depending on anatomic features, and embryologic origin. Left hernias are three times more common than right.

Case Presentation
Our case was a 25 year-old man admitted to the emergency department with an acute abdomen pain and nausea. In the physical examination there was tenderness and rigidity on her right upper and lower abdominal quadrants. In the laboratory evaluation the values of emocromocitometric examen, hydroelectrolytic parameters, blood gas analysis and CPK were minimal high. Initial abdominal x-ray revealed multiple air fluid levels.
A diagnostic laparotomy was performed. A left paraduodenal hernia with small bowel strangulation was discovered (Figure 1). Nonviable jejunum was identified and resected. End to end anastomosis was performed and obliterated of the hernia defect by simple closure. The patient was discharged home on postoperative day 4, tolerating a regular diet.

**Figure 1:** A left paraduodenal hernia with small bowel strangulation was discovered.

**Discussion**

Paraduodenal hernia is an uncommon cause of small bowel volvulus. It can be suspected by clinical and radiological findings, surgery is always required to prevent small bowel necrosis and to repair the defect.4 The paraduodenal hernia is the most common type of intraabdominal hernia. There exists a right and left variety, both of them with their own specific pathogenesis. There are wide variations in the frequency and etiology of bowel obstruction throughout the world depending on ethnicity, age group, dietary habits, and geographic location, among other factors.3 Paraduodenal hernia is a rare internal congenital hernia due to an embryological abnormality. About 80% of bowel obstructions occur in the small intestine; the other 20% occur in the colon.3

The clinical course can be asymptomatic, cause chronic or intermittent abdominal pain, or present with acute abdomen.5

The clinical manifestations range from intermittent and mild digestive problems to acute intestinal obstruction. An exact preoperative diagnosis is seldom made. The knowledge of their pathogenesis and the anatomical characteristics is very important for a successful surgical treatment.6 A correct preoperative diagnosis of left paraduodenal hernia was made on computerised tomography (CT), and the patient was managed by laparoscopic surgery. The role of imaging in preoperative diagnosis is being highlighted with a brief review of literature.7 The goals when managing a small bowel obstruction are to identify the cause, relieve the obstruction, and ensure bowel viability. Often, a definitive preoperative cause cannot be determined.8 Essential components of treatment include bowel reduction and obliteration of the hernia defect by simple closure or by wide opening of the sac.9 Internal hernia is a rare but lethal condition. Early diagnosis and prompt surgical intervention provide the only chance of a successful outcome.
References


