A NOVEL APPROACH FOR FORAMEN OF WINSLOW HERNIA REPAIR

Natalie E. Telscher; Alejandro Sanz, MD

Introduction

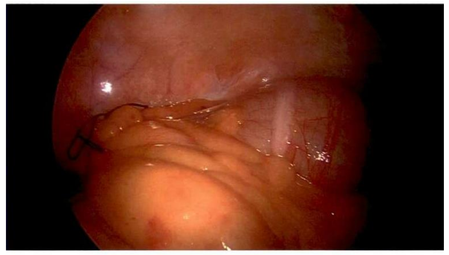
Foramen of Winslow hernias are a type of internal hernia that are exceedingly rare and difficult to diagnose. The Foramen of Winslow divides the abdomen, allowing for communication between the greater and lesser sacs of the peritoneum. Symptoms of these hernias present as nausea associated with epigastric pain, which is often misdiagnosed as a common bowel obstruction. Mortality rates as high as 49% for Foramen of Winslow hernias result primarily from late or incorrect diagnoses, Early surgical intervention should be curative.

Case Report

We present the case of an 81-year-old Caucasian female who was admitted to the emergency room with complaints of 24-hour epigastric pain and nausea. CT scans of her abdomen showed a lesser sac internal hernia with an incarcerated colon. The patient underwent laparoscopic repair of a Foramen of Winslow internal hernia using a flap of falciform ligament and laparoscopic cecopexy. The bowel was viable. The patient was discharged on postoperative day one with no complications.



Figure 1. Herniation of a portion of the colon through the foramen of Winslow.



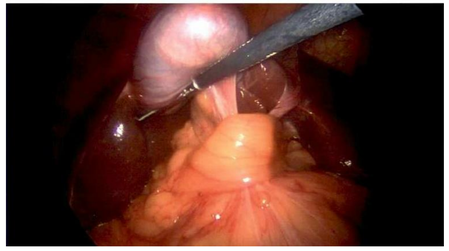


Figure 3. Laparoscopic cecopexy and falciform ligament flap used to close the foramen.

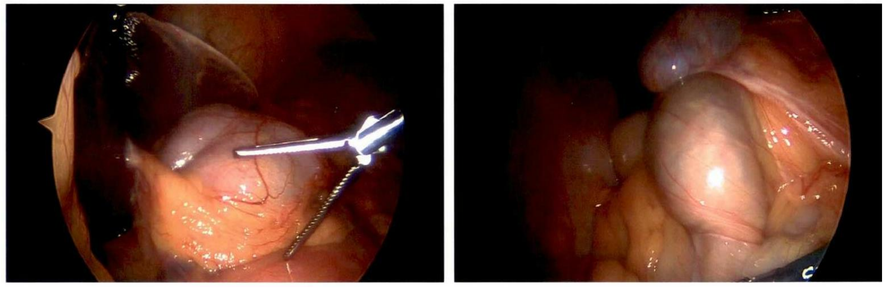


Figure 2. Surgical reduction of the Foramen of Winslow hernia.

Results

Internal hernias have an incidence rate of 1% or less, with Foramen of Winslow hernias accounting for only 8% of all internal hernias. In addition to their rarity, these hernias are also exceedingly difficult to diagnose leading to mortality rates as high as 49%. With the Foramen of Winslow allowing communication between the greater peritoneal cavity and lesser sac, herniation in this region is life threatening for the patient if not diagnosed promptly. Once diagnosed, surgery is the only cure for Foramen of Winslow hernias. While these hernias were once solely treated using a laparotomy, laparoscopic approaches are now also being used. A laparoscopic approach is preferred when there are viable bowel contents and the hernia can be easily reduced, as was true in this case. In addition, a cecopexy was performed by attaching the cecum to the abdominal wall, thus restricting its movement. The Foramen of Winslow was also obliterated using a falciform ligament flap

Conclusion

Foramen of Winslow hernias account for 8% of internal hernias, and for only 0.08% of all hernias. These hernias yield mortality rates as high as 49% due to vague symptoms, which are commonly attributed to other conditions. Early diagnosis and treatment is crucial. Falciform flap creation to obliterate the Foramen has never been described.