Early Postoperative Small Bowel Obstruction Secondary to Internal Hernia After Sacrocolpopexy: A Rare Mechanism

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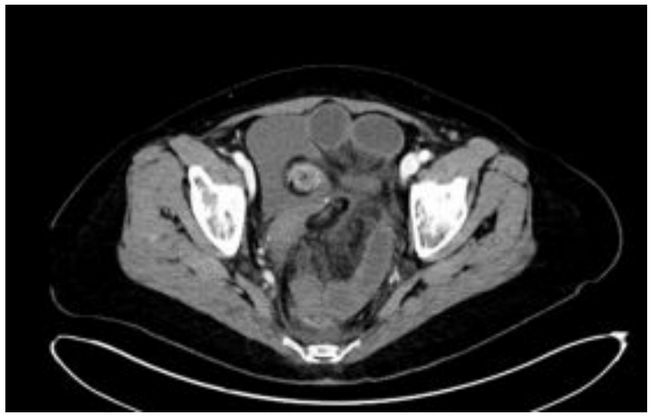
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BACKGROUND

Early postoperative small bowel obstruction (EPSBO) occurs within 30 days of the index procedure in 0.7 - 3% of operations. Conservative nasogastric decompression success rate is 87 - 96%. The leading causes of EPSBO are adhesions or inflammation. Sacrocolpopexy (SC) treats vaginal prolapse and its overall incidence of small bowel obstruction (SBO) in 1% of cases, with mean time to SBO after SC of 1.9 years. EPSBO after SC rarely presents with bowel ischemia. There are few reported cases of internal hernia status post sacrocolpopexy and none described with this mechanism of obstruction. This rare life-threatening complication should be considered with patients in their immediate post-operative period.

CASE PRESENTATION

A 75 year old female presents 3 weeks status post robotic assisted hysterectomy and sacrocolpopexy with mesh presented with abdominal pain, nausea and vomiting. She presented hemodynamically stable with a benign exam. Imaging revealed a closed loop obstruction with transition point in the lower pelvis and *e*arly ischemic changes.





Coronal (Figure 1) and Axial (Figure 2)- dilated small bowel loops with transition point in lower pelvis, tethered bowel loops at root of mesentery raising concern for closed loop obstruction; bowel wall edema with mild pelvic fluid suggesting possible bowel ischemia.

Labs were significant for a leukocytosis of 14,300. She was emergently taken to the operating room for diagnostic laparoscopy. The anterior sigmoid colon was found to be adherent to exposed mesh with small bowel herniating through the newly formed internal hernia. The colon was dissected off the mesh and a portion of redundant mesh was excised. Sixty-five cm of ischemic small bowel was resected, and an end-to-end small bowel anastomosis was created. Her postoperative course was uneventful and she was discharged on post-op day 4.

DISCUSSION

This case is a rarely reported instance of an EPSBO due to an internal hernia, after SC leading to bowel ischemia. In a review, 101 EPSBO patients demonstrated a 20% rate of surgical intervention after initial nasogastric tube placement. No patients had findings of bowel ischemia. Incidence of bowel obstruction after SC is quite rare and was reported to be managed surgically in only 0.6-8.6% of cases. In a multi-center case series, 3231 patients underwent SC, only 1% (32 patients) presented with SBO.

CONCLUSION

Internal hernias should be considered in patients that present with early postoperative bowel obstruction, despite their clinical picture appearing benign. Although rare, this should prompt urgent surgical intervention as these patients are at risk of bowel ischemia and possibly necrosis.

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