Double Trouble: A Rare Case of 2 Simultaneous Internal Hernias after RYGB

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BACKGROUND

- The number of performed Roux-en-Y gastric bypass (RYGB) surgeries mirrors the increase in the prevalence of obesity in the USA.
- Internal hernias are a potential complication at 3 potential sites: Petersen, mesenteric, transmesocolic defect.
- Current literature revealed increased incidence of trans mesenteric hernias but contains only few reports of 2 or more simultaneous hernias after RYGB.

This case presentation discusses the diagnosis and management of a rare case of 2 simultaneous internal hernias.

PATIENT PRESENTATION

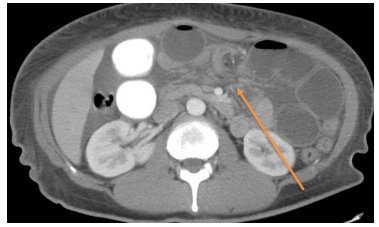
- A 31-year-old male presented 10 months after undergoing a Robot-Assisted Laparoscopic RYGB with a two-day history of progressive abdominal pain, nausea and vomiting. He was found to have perforated small bowel secondary to complete obstruction due to internal herniation at the Petersen and mesenteric defects after achieving a reduction of 98% of excess weight.

INVESTIGATIONS

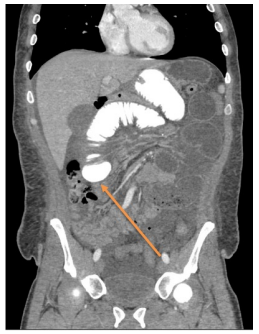
- On physical examination the patient's abdomen was not distended, soft but with localized tenderness in the upper abdomen.
- Abdominal CT scan showed a "swirl sign", non-progression of contrast indicative of obstruction and free fluid in the pelvis.

Fig 1: A. Swirl Sign on CT scan B. Non-progression of contrast C. Pelvic free fluid

A.



B.



C.



MANAGEMENT

- The patient was taken to the operating room for a diagnostic laparoscopy. Upon entering the abdomen, succus entericus was visualized with prompted the conversion to an exploratory laparotomy.
- Operative findings:
  - Single perforation at the Roux limb proximal to the jejunojejunal anastomosis.
  - Herniation of small bowel at both the Petersen and mesomesenteric defects.
- Herniated bowel was reduced, site of perforation was repaired primarily, and mesenteric defects were closed.

Fig 2: Intraoperative photographs showing sites of herniation A. Mesomesenteric defect B. Petersen defect

A.



B.



CONCLUSION

Laparoscopic exploration is the highly sensitive and specific for diagnosis of internal hernia after Roux-En-Y Gastric bypass. Delay in this diagnosis can have catastrophic consequences including anastomotic breakdown, perforation or ischemic bowel.

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