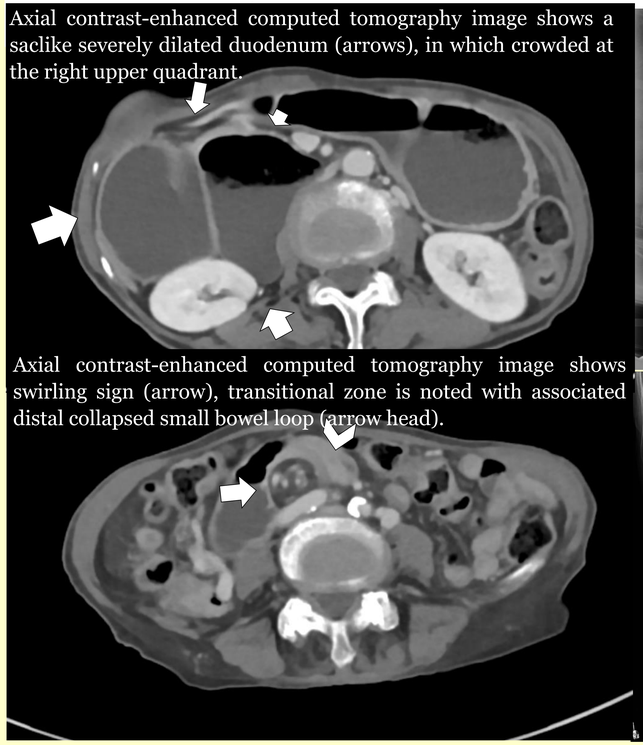
A NEW LAPAROSCOPIC APPROACH TO AN OBSTRUCTING RIGHT PARADUODENAL HERNIA A CASE REPORT

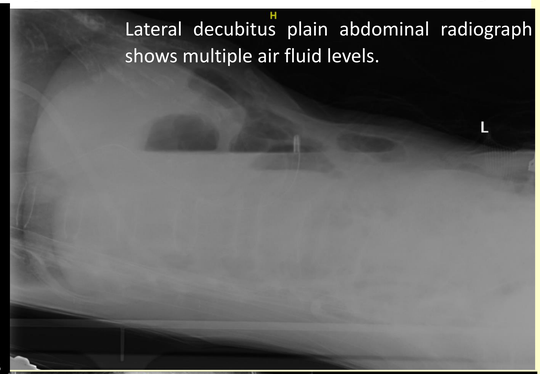
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Introduction: paraduodenal hernia (PDH) is a rare variety of hernia, The diagnosis of it is not easy to establish. a high index of suspicion is required, and an accurate diagnosis may be established by a CT scan.

Case presentation: 63 year old female patient, presented with diffused abdominal pain. associated with anorexia, bilious vomiting with obstipation, similar attack happened 3 months back resolved spontaneously. examination revealed tenderness and fullness at epigastric area. Labs were unremarkable CT shows swirling sign behind the SMA and inferior to third part of duodenum at Waldeyer's fossa, consistent with right laparoscopic exploration done. stomach and duodenum were hugely distended, after retracting the omentum and transverse colon exposing ligament of Treitz. The defect was identified proximal jejunum twisted on itself in a loop. The herniated loop then pulled out and obstruction relieved. bowel was healthy with multiple diverticula. The hernial orifice closed by two interrupted sutures.



Axial contrast-enhanced computed tomography image shows a saclike severely dilated duodenum (arrows), in which crowded at the right upper quadrant.



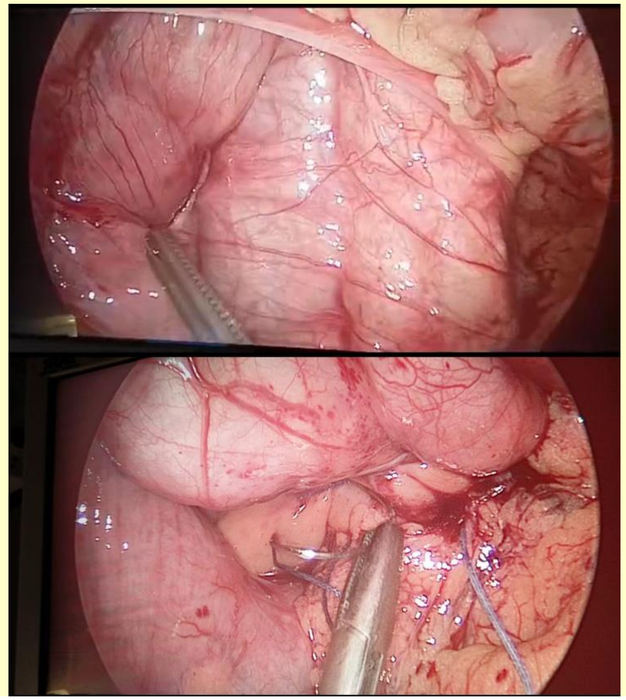
Lateral decubitus plain abdominal radiograph shows multiple air fluid levels.

Axial contrast-enhanced computed tomography image shows swirling sign (arrow), transitional zone is noted with associated distal collapsed small bowel loop (arrow head).



Anteroposterior plain abdominal radiograph shows dilated saclike small bowel loops (arrows) noted at the right upper abdomen.





Discussion: PDH poses a significant diagnostic and therapeutic challenge because of its rarity and the fact that it can present with non-specific symptoms ranging from digestive disorders and chronic abdominal pain to symptoms of intestinal obstruction. which carries higher lifetime risk of strangulation and bowel obstruction. Surgical management is necessary after diagnosis.

Conclusion: Due to the rarity of the cases still there is no clear approach for the repair and a laparoscopic approach is an excellent choice as it gives a clearer picture and up to the surgeon wither to continue or convert to open