Minimally invasive management of cecal bascule with herniation through the foramen of Winslow

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Introduction

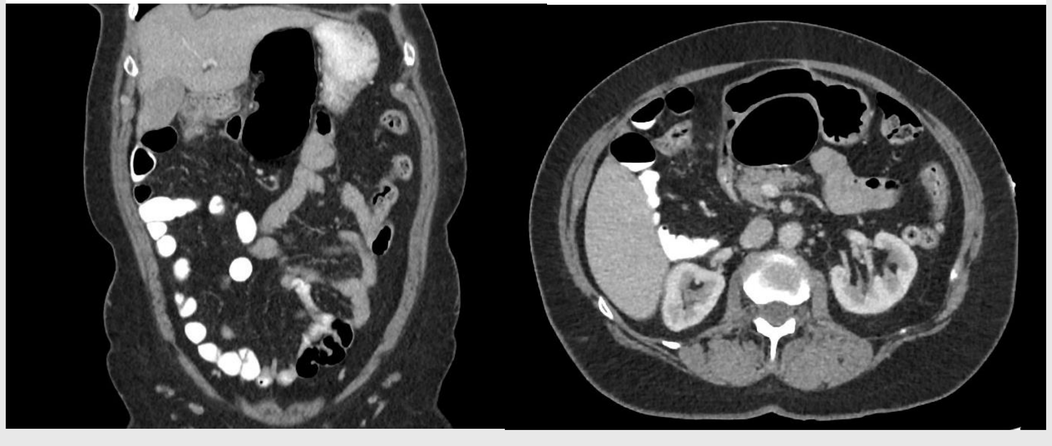
- Hernias through the foramen of Winslow comprise only 8% of all internal hernias and 60% of those are comprised of small bowel
- Due to its rarity and nonspecific clinical presentation, diagnosis of cecal bascule can be delayed
- Debated whether right hemicolectomy or cecopexy is the preferred treatment
- We describe a case of cecal bascule through the foramen of Winslow managed with laparoscopic cecopexy

Case Report

- 75-year-old female with PMHx of GERD, diverticulitis, melanoma, and hyperlipidemia presenting with 1 day history of diffuse, colicky abdominal pain
- Not able to pass gas or have bowel movements, but no nausea vomiting
- No previous abdominal surgical history
- CT with PO contrast concerning for cecal bascule without dilation of proximal small bowel
- No leukocytosis or lactic acidosis

Clinical Course

- Patient was taken for diagnostic laparoscopy
- Large loop of bowel between the stomach and liver was reduced without ischemic findings
- No evidence of pathologic small bowel
- Appendectomy performed to avoid further diagnostic dilemmas
- The cecum was the oriented in its standard anatomic position and cecopexy was performed with interrupted suture
- Patient had an uncomplicated postoperative course with return of bowel function and was discharged home on POD 2



Discussion/Conclusion

- Surgical management of the cecal bascule is varied and decision making takes into consideration abdominal access, hernia reduction, management of reduced colon, and closure of the hernia defect
- In our patient, she had a relatively benign presentation and was able to be managed with a minimally invasive approach without resection
- Closure of the foramen of Winslow is technically challenging- thus we elected to focus on cecopexy to prevent future occurrences

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