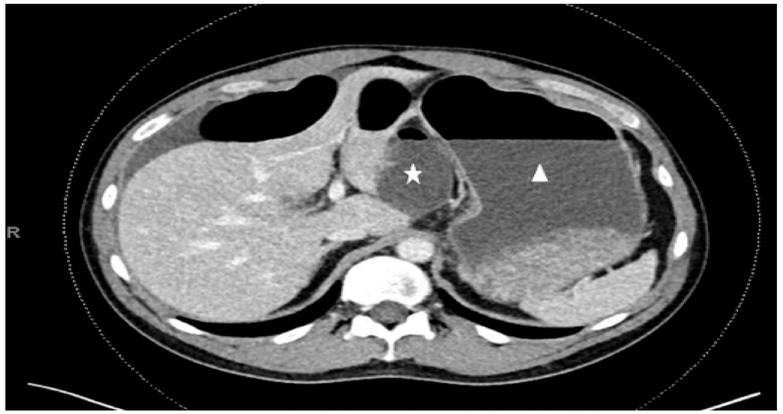
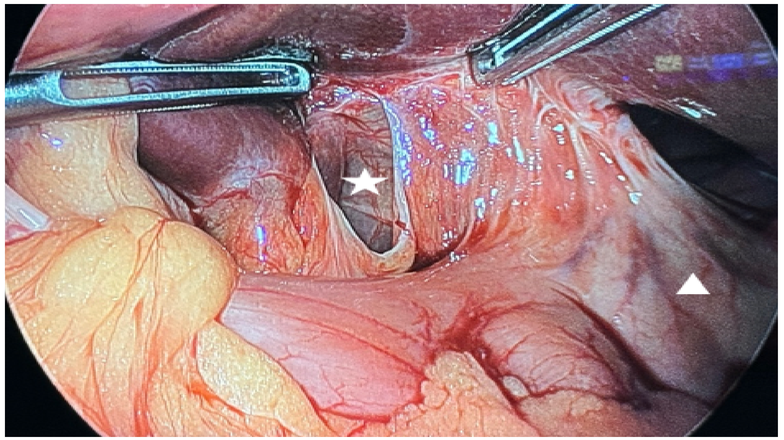
Laparoscopic repair of a strangulated internal hernia through the hepatogastric ligament

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CT scan. Unusual dilated and fluid-filled small bowel (white star) behind the distended stomach (white triangle).



Intra-operative findings. A defect in the lesser omentum (white star) behind the stomach (white triangle).

Introduction

- Internal hernias are accounting for less than 0.1% of closed-loop small bowel obstructions.
- 5% to 8% of reported cases are secondary to a lesser sac hernia.
- In this poster we present a rare case of a laparoscopic reduction and repair of a hepatogastric ligament hernia in a young patient presenting with a closed loop small bowel obstruction.

Case Description

- A 44-year-old, previously healthy male with no prior surgeries presented with a 2-day history of worsening epigastric pain, nausea, and vomiting. He was passing gas and having bowel movements.
- He was vitally stable but had generalized abdominal tenderness on examination.
- His white blood cell count was 14.
- CT scan suggested a closed-loop small-bowel obstruction due to presumed internal herniation through the foramen of Winslow.
- During diagnostic laparoscopy, a loop of small bowel was found herniated through a defect in the hepatogastric ligament.
- The bowel was released and appeared hemorrhagic but was still viable. The defect was laparoscopically closed with interrupted sutures.

Conclusion

- A closed-loop obstruction due to a lesser sac hernia should be suspected in patients with nonspecific bowel obstruction symptoms.
- Prompt surgical intervention and advanced imaging, such as CT, help reduce complications.
- When feasible, laparoscopic repair is recommended for congenital lesser sac defects to minimize recurrence and future issues.