Treatment of Recurrent Gastric Outlet Obstruction From a Gastric Parastomal Hernia with a Laparoscopic Gastropexy

SCHOOL OF MEDICINE
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BACKGROUND

100,000 patients receive colostomy or ileostomy each year
Parastomal hernias complications range from 5-60%
Gastric parastomal hernia (GPH) that involved the stomach herniating through parastomal defects are rare
GPH may present as an acute obstructive gastric volvulus or gastric outlet obstruction (GOO)
We present a rare case of GPH an acute recurrent gastric outlet obstruction with the novel use of laparoscopic suture gastropexy

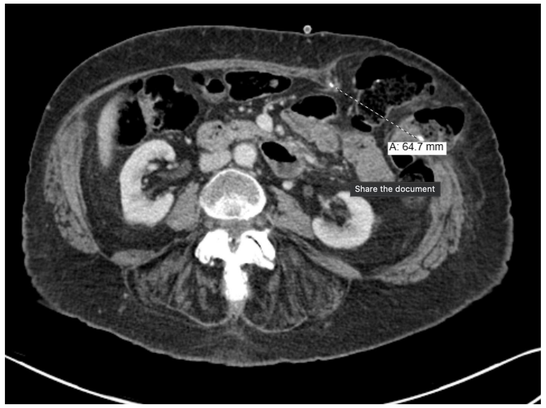

Figure 1: CT Abdomen/ Pelvis with contrast, status post APR with LLQ colostomy. Moderate parastomal hernia containing loops of non obstructed transverse colon. Status post percutaneous gastrostomy tube. No herniation of stomach into the parastomal hernia.

CASE

Patient

- 81-year-old female with history of rectal cancer
- Status post abdominoperineal resection with permanent end colostomy
- Presented with acute GOO from gastric antral herniation
- Initially improved with NG decompression
- Readmitted several days later with recurrent obstruction

Operative Management

- Laparoscopic reduction of stomach and omentum
- PEG tube placement for fixation and decompression
- Suture gastropexy (fundus → antrum); Fixation points include- left crus, diaphragm, anterior abdominal wall including edge of parastomal hernia defect
- No formal parastomal hernia repair performed

Outcome

- Discharged POD 7
- PEG tube removed after 30 days
- 2-year follow-up without recurrent obstruction

DISCUSSION

Gastric parastomal hernia

- Only 19 reported cases of GPH presenting as gastric outlet obstruction (GOO)

Our Approach

- Given patient age and frailty we avoided formal defect repair
- Performed laparoscopic reduction of stomach and omentum
- Placed PEG tube for additional fixation and decompression support
- Completed suture gastropexy, anchoring the greater curvature (fundus → antrum) to:
  - Left crus
  - Diaphragm
  - Anterior abdominal wall
- Strategy emphasized eliminating gastric mobility rather than reconstructing the abdominal wall defect
- Adapted principles from acute obstructive gastric volvus
- Reduced operative time and physiologic burden while achieving durable fixation
- Gastric parastomal hernia (GPH) is an exceptionally rare variant

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