

Background

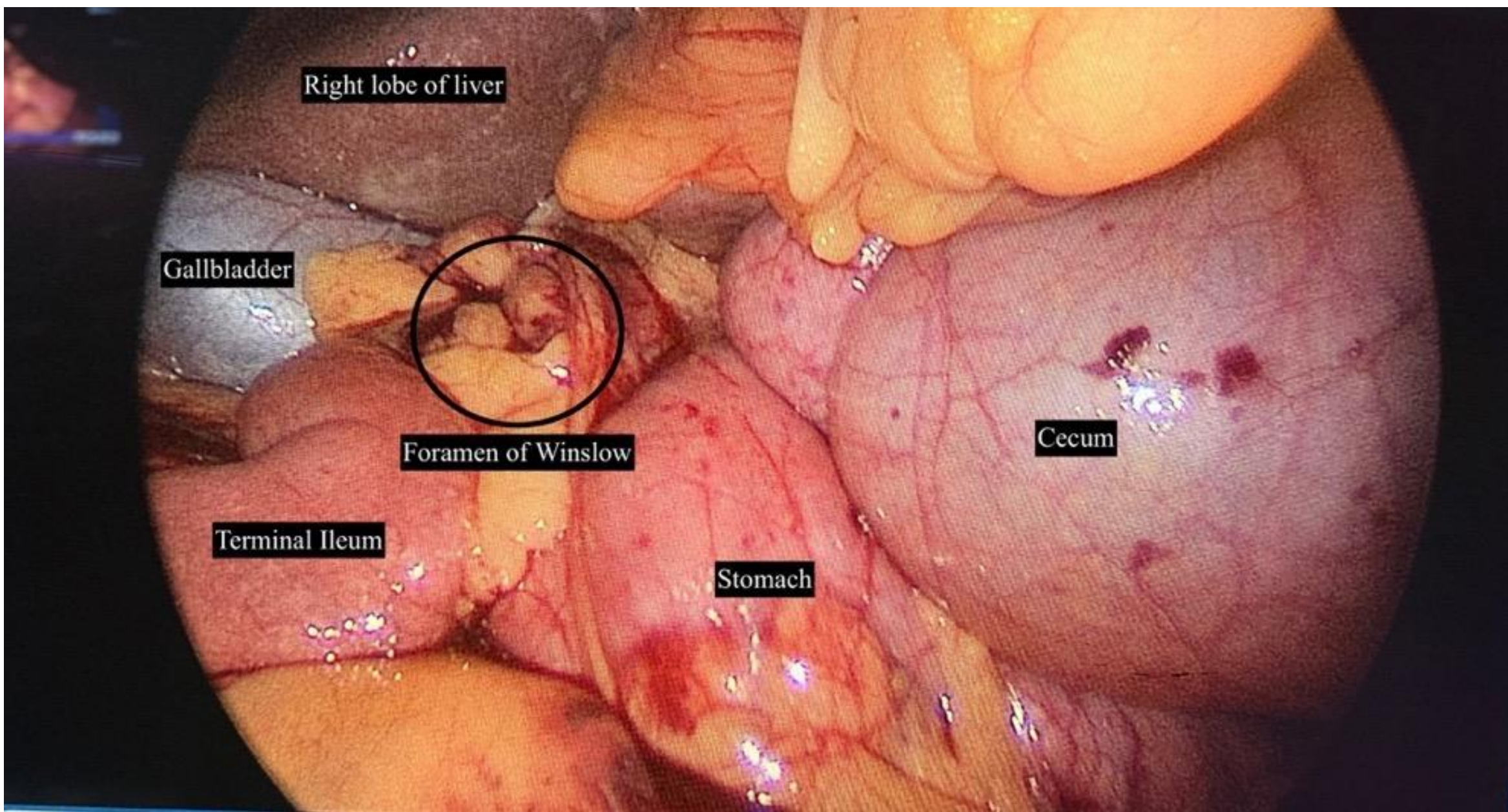
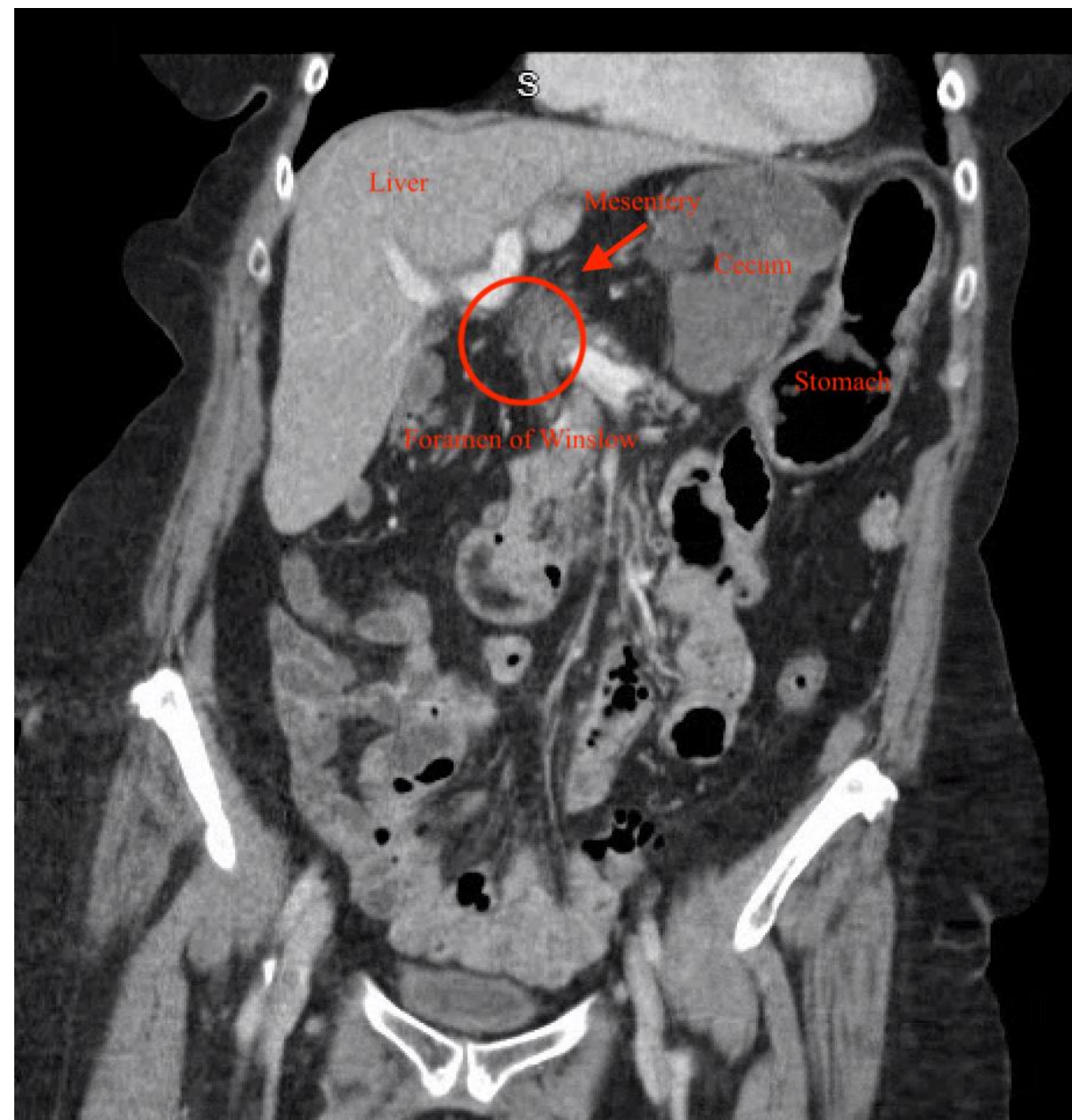
- Internal hernias are a rare cause of intestinal obstruction but carry a significant risk of strangulation and bowel ischemia. Herniation through the Foramen of Winslow accounts for approximately 8% of internal hernias, most commonly involving the small intestine.¹
- Cecal herniation through this site is exceedingly rare, and operative management remains variable. Predisposing factors include an enlarged foramen, mobile cecum due to incomplete peritoneal fixation, and elongated mesentery.²
- Clinical presentation is often nonspecific, making diagnosis challenging. Computed tomography (CT) is the imaging modality of choice. Surgical management options include hernia reduction, bowel resection, cecopexy, or foramen closure, performed via open or minimally invasive approaches.

Methods

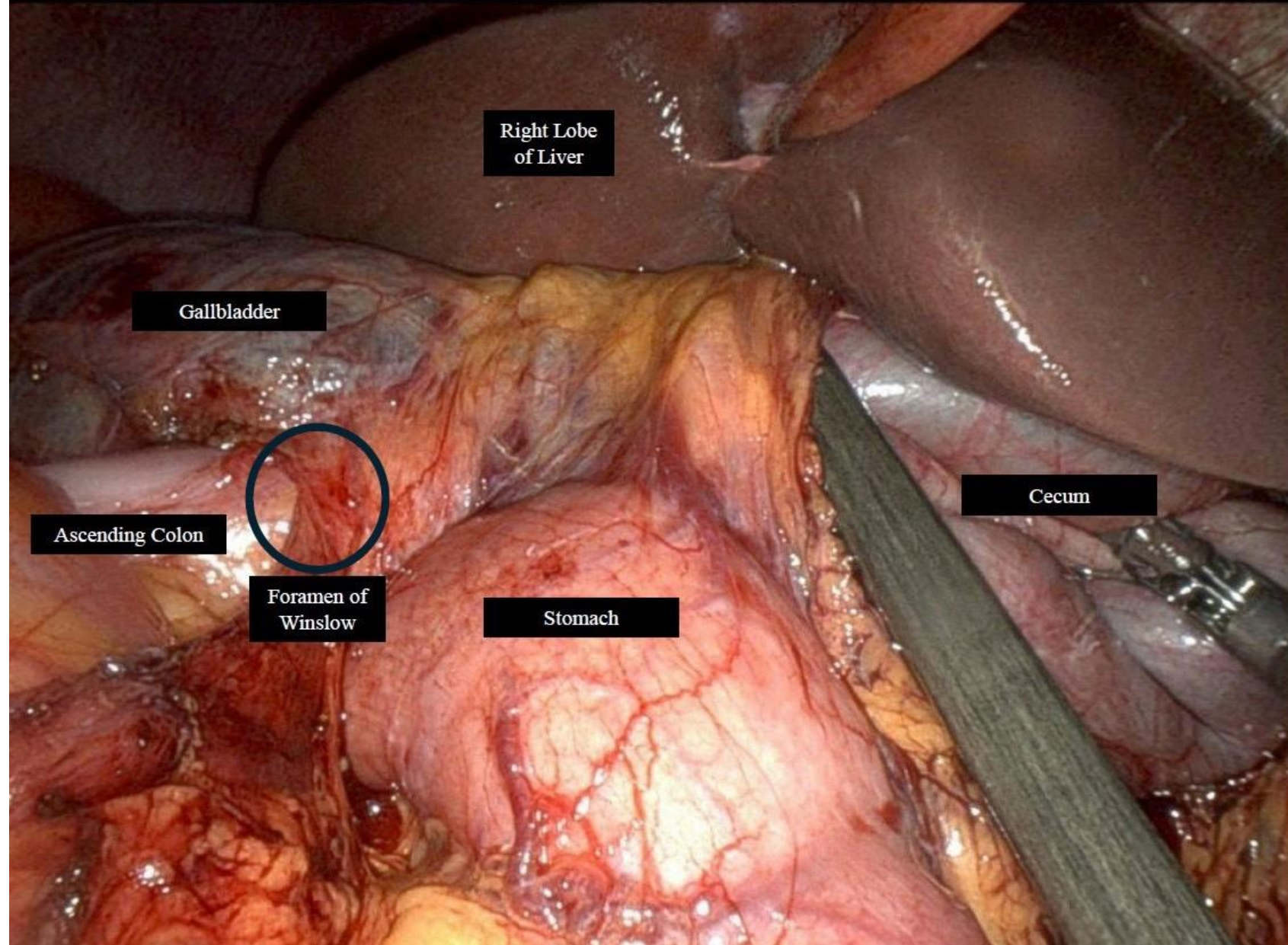
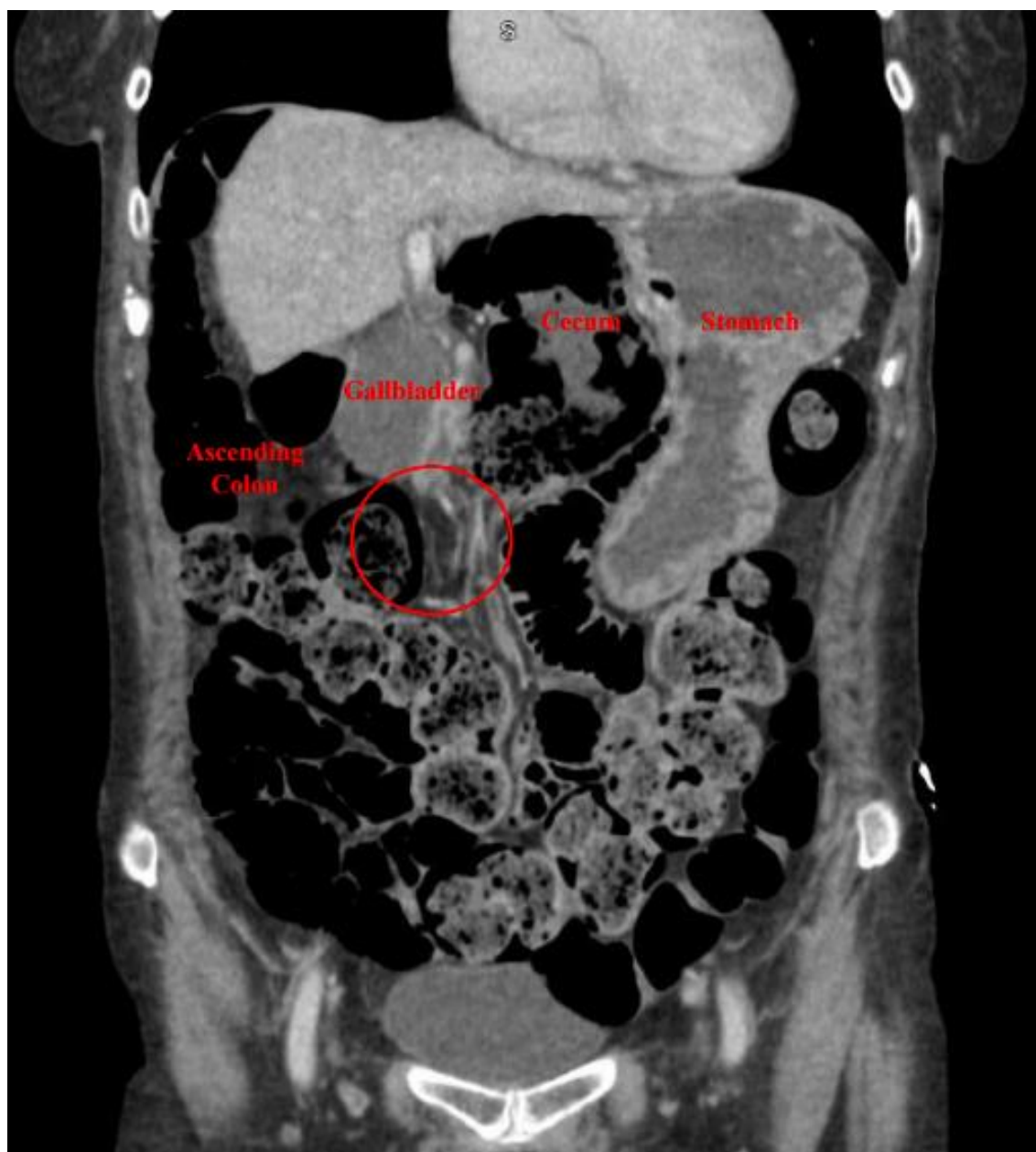
- Two patients with cecal internal herniation through the Foramen of Winslow were treated at our institution in September 2025 via minimally invasive approach
- A literature review was conducted using PubMed with search terms: “foramen of Winslow hernia” and “cecal internal hernia.”
 - Inclusion criteria
 - Case reports published 2000–2025
 - Reported operative technique and outcomes
 - Exclusion criteria
 - Non-English publications
 - Inaccessible case data
 - Reports without operative details
- Outcomes evaluated included operative approach, presence of bowel ischemia, postoperative complications, and length of stay.

Case Series

Case 1: Female in her 80s presented with acute onset upper abdominal pain, nausea, and vomiting
Imaging: CT abdomen/pelvis: demonstrated a hypermobile cecum herniated through the Foramen of Winslow into the lesser sac without evidence of perforation or free fluid
Management: Diagnostic laparoscopy, cecal decompression, cecopexy with foramen left open
Outcome: Advanced to regular diet and discharged on postoperative day 2

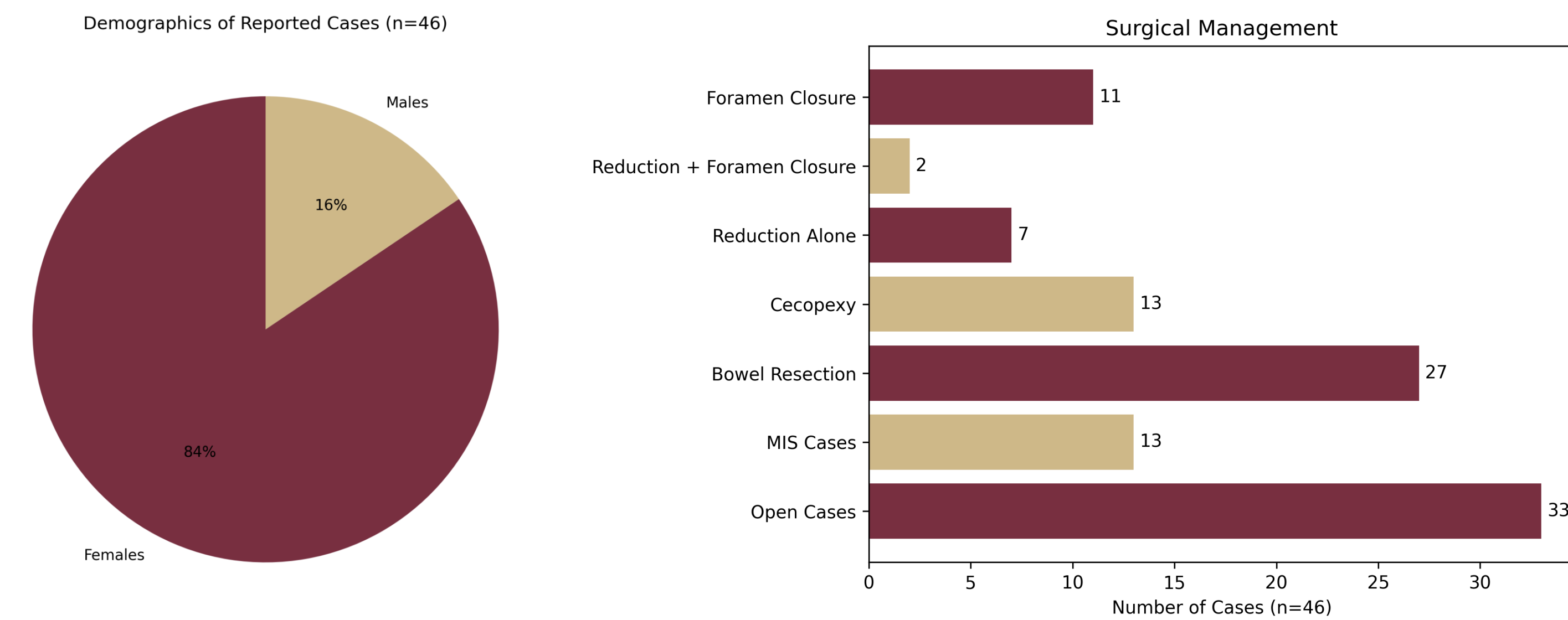


Case 2: Female in her 70s presented with acute onset abdominal pain and nausea
Imaging: CT abdomen/pelvis demonstrated a lesser sac internal hernia containing distal ileum and colon
Management: Robot-assisted diagnostic laparoscopy, reduction of cecum and ascending colon, foramen closed with Vicryl suture
Outcome: Advanced to regular diet and discharged on postoperative day 3



Literature Review

46 published cases were identified (2000-2025)



Outcomes
Average MIS LOS: 2.8 days
Average Open LOS: 5.7 days

Discussion

- Cecal herniation through the Foramen of Winslow is a rare cause of acute abdominal pain.
- CT imaging plays a critical role in diagnosis, demonstrating bowel within the lesser sac and mesenteric vessels traversing the foramen.
- Historically, most cases have been managed via open surgery, often with bowel resection.³ However, our case series and literature review suggest that minimally invasive approaches are safe and effective in the absence of bowel ischemia and may reduce hospital length of stay.
- Our experience and literature review support minimally invasive surgery as a safe and effective approach, associated with shorter hospital stays and low morbidity

References

1. Puig CA, Lillegard JB, Fisher JE, Schiller HJ. Hernia of cecum and ascending colon through the foramen of Winslow. Int J Surg Case Rep. 2013;4(10):879-81. doi: 10.1016/j.ijscr.2013.07.014. Epub 2013 Aug 3. PMID: 23973900; PMCID: PMC3785853.
2. Moris D, Tsilimigras DI, Yerokun B, Seymour KA, Guerron AD, Fong PA, Spartalis E, Sudan R. Foramen of Winslow Hernia: a Review of the Literature Highlighting the Role of Laparoscopy. J Gastrointest Surg. 2019 Oct;23(10):2093-2099. doi: 10.1007/s11605-019-04353-3. Epub 2019 Aug 16. PMID: 31420858.
3. Gramellini M, Solimene F, Menz M, Hinterleitner L, Breitenstein S, Kambakamba P. Cecal volvulus herniation through the Winslow Foramen: a case report and literature review of surgical management. J Surg Case Rep. 2024 May 26;2024(5):rjae325. doi: 10.1093/ijscr/rjae325. PMID: 38803838; PMCID: PMC11129660.