Right paraduodenal hernia

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A 23-year-old male presented with history of recurrent attacks of colicky upper abdominal pain, relieved by vomiting since last two years. History of similar attacks were also present at the age of 10 and 15 years. On evaluation with contrast enhanced CT scan of abdomen [Figure 1] he was found to have clusters of mildly dilated jejunal loops lateral to the descending duodenum with superior mesenteric vein to the left of corresponding artery.1-4 Barium Meal follow through study (BMFT) revealed multiple dilated loops of jejunum clustered in the right upper abdomen above and running behind the hepatic flexure [Figure 2].

On laparotomy, he was found to have multiple loops of jejunum clustered with in a sac like a cocoon in right upper quadrant. The loops were running posterior to the superior mesenteric vessels, lateral to second part of duodenum and under the right branch of middle colic vessels. The loops were reduced back to their normal position in infra colic compartment and the hernial orifice was closed. Appendectomy was done and right colon was fixed to the lateral abdominal wall. Postoperatively he recovered well and on a follow-up to three months, there was no recurrence of symptoms.

Paraduodenal hernia should be considered in patients with atypical abdominal symptoms. Right paraduodenal hernia occurs as a consequence of incomplete rotation of the midgut with part of small intestine trapped posterior to the malrotated ascending mesocolon. A CT scan or BMFT study best provides the evidence of paraduodenal hernia preoperatively.2,3 An understanding of the anatomy of these hernias is important as major mesenteric vessels are juxtaposed to the hernial orifices. Elective repair should always be performed to avoid bowel incarceration or strangulation.3,4

REFERENCES