

TITLE: RARE PRESENTATION OF INTESTINAL OBSTRUCTION- HERNIATION THROUGH BROAD LIGAMENT

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Abstract

Introduction:

Omental infarction is a surgical rarity with a reported incidence of 0.1% during laparotomies for acute abdomen. It happens twice in male as compared to female. Torsion of the omentum exists as a result of organ twist leading to a compromised vascularity. The right-sided omentum is more commonly involved potentially due to its greater length. Imaging modalities namely sonography and computed tomography (CT) are useful to identify the involved pathology. Herein, we have reported a case of spontaneous omental infarct and discuss its extreme discovery.

Case Description:

A 57-year-old lady presented with symptoms of intestinal obstruction preceded by two days of lower abdomen pain. She had a distended abdomen with tenderness on her lower abdomen. The laboratory investigations were unremarkable. Abdominal Xray showed dilated small bowel with no large bowel gas. CT scan showed suspicious of intestinal obstruction secondary to herniation into the right broad ligament. Patient was then subjected for exploratory laparotomy and discovered that a short segment of distal ileum was herniated through one of the three defects on the right broad ligament. Post operatively, She took a slow recovery and was discharged uneventfully.

Discussion:

Primary omental torsion develops when a mobile segment of omentum rotates around a proximal fixed point in the absence of any associated intra-abdominal pathology. its low incidence and non-specific presentation always lead to misdiagnosis of appendicitis, peptic ulcer disease, cholecystitis, and pancreatitis.

Conclusion:

Omental infarction should be suspected for any patient presented with unexplained acute abdominal pain. Failed conservative management requires a surgical intervention for therapeutic measures. Since there are no definite guidelines on management of omental infarction, further prospective study needs to be done to compare the outcome between conservative and surgical management.