

SPECIAL TYPES OF MECHANICAL INTESTINAL OBSTRUCTION

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- Internal herniation occurs when a portion of the small intestine becomes entrapped in one of the retroperitoneal fossae or in a congenital mesenteric defect. The following are potential sites of internal herniation (all are very rare):
 - the foramen of Winslow;
 - a defect in the mesentery;
 - a defect in the transverse mesocolon;
 - defects in the broad ligament;
 - congenital or acquired diaphragmatic hernia;
 - duodenal retroperitoneal fossae;
 - caecal/appendiceal retroperitoneal fossae;
 - intersigmoid fossa.Internal herniation in the absence of adhesions is rare and a preoperative diagnosis is unusual. The standard treatment of an obstructed hernia is to release the constricting agent by division. This should not be undertaken in cases of herniation involving the foramen of Winslow, mesenteric defects and paraduodenal/duodenojejunal fossae as major blood vessels run in the edge of the constriction ring. The distended loop in such circumstances must first be decompressed (minimising contamination) and then reduced.

(b) Figure 78.3 Obstructing stricture of the distal descending colon in the presence of (a) a competent ileocaecal valve, resulting in gross caecal distension, and (b) an incompetent ileocaecal valve, allowing decompression into the distal small bowel without gross caecal distension.

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