Transomental hernia causing intestinal obstruction in an elderly patient

PATRICK C. H. WATT
M.B., F.R.C.S.

Department of Surgery, The Queen's University of Belfast, Institute of Clinical Science, Grosvenor Road, Belfast BT12 6BJ

Summary

This report describes the oldest recorded patient with a transomental hernia. She illustrates several important points in dealing with internal hernias in the elderly patient.

KEY WORDS: internal hernia, transomental, strangulation, resection.

Introduction

A number of difficulties arise in the management of intestinal obstruction in very elderly patients. There is a reluctance to perform major surgery, the diagnosis may be equivocal and the cause in the absence of external hernia and abdominal scars is often assumed to be a serious condition. This report concerns a rare, but easily remedial, cause of intestinal obstruction.

Case report

A 90-year-old patient was admitted with central, crampy abdominal pain of 24 hr duration. She was mentally alert and had no previous surgery or hospital admission. Her cramps rapidly resolved and initial abdominal examination, X-rays and routine laboratory tests were all within normal limits. She was managed with a fluid only diet and at assessment 24 hr later she was symptom free and had passed flatus and faeces. The following day, although still asymptomatic, nursing records revealed a 3-inch increase in abdominal girth. This was not obvious clinically and there was no tenderness nor abdominal masses on examination of the abdomen. Questioning her showed that she had ceased passing flatus and abdominal X-rays now showed dilated loops of small bowel.

At laparotomy, she was found to have a transomental hernia. A loop of small bowel 20 cm in length, starting 80 cm from the duodenojejunal flexure, had prolapsed in a posterior-anterior direction through a 4 cm hole in the greater omentum. The loop of bowel was easily reduced by incision of the edge of the defect. The affected bowel was gangrenous and resection with end-to-end anastomosis was done. The defect was closed. Postoperatively, the patient had an

ileus for 5 days but then made a rapid recovery and was ready for discharge 10 days after surgery.

Discussion

Transomental hernia is a rare cause of intestinal obstruction and accounts for less than 1% of internal hernias (Stewart, 1962). Hull (1976) could find only 46 published cases and he added a further case. Since then there have been 2 further reports (Kasahara, 1979; Leissner, 1976). The present example appears to be the oldest patient recorded.

Various causes of the ommental defect have been suggested. These include trauma, inflammation, congenital defect and atrophy of old age. This case would suggest the latter as there was no past history of trauma or inflammation and it seems unlikely, although not impossible, that a congenital defect would present at such an advanced age. Also, in this operation it was observed that the omentum was considerably attenuated.

In Hull's (1976) series, 39 cases had sufficient detail for analysis. He found delay between diagnosis and surgery to be a common finding due to the obstruction being equivocal. Our patient illustrates how this is especially true in the elderly and we would advocate repeated straight X-rays of abdomen in these patients. Unfortunately, there are no diagnostic, clinical or radiological findings and therefore a high index of suspicion must be kept for internal hernias when obvious causes of obstruction have been excluded. The absence of any signs of gangrenous bowel in this case was also noted in several of Hull's series and this factor is also of particular importance in the elderly patient.

References

- HULL, J.D. (1976) Transomental hernia. *American Surgeon*, **42**, 278.
- KASAHARA, Y. (1979) Transomental lesser sac hernia. *Archiv Japon Chirurgie*, **48**, 651.
- LEISSNER, K.H. (1976) Transomental strangulation. A rare case of internal hernia. *Acta Chirurgica Scandinavica*, **142**, 483.
- STEWART, J.O.R. (1962) Transepiploic hernia. *British Journal of Surgery*, **49**, 649.

(Accepted 2 February 1983)