

An unusual omental hernia

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Summary: A unique case of a type of omental hernia is presented, which caused small bowel obstruction. The hernia is described and possible aetiological factors discussed.

Introduction

Internal hernias account for less than 1% of small bowel obstructions. Of these, transomental hernias account for only 1–5%¹ and are the rarest of classifiable internal hernias.² We describe the herniation of a portion of small bowel between the leaves of the anterior fold of greater omentum and into the gastro-colic omentum which led to small bowel obstruction. The term inter-epiploic hernia is proposed to describe this hernia and to distinguish it from other types of omental hernias.

Case report

A 69 year old man was admitted with a 2-week history of intermittent vomiting, constipation for 6 days and vague abdominal pain for 2 days.

On examination the abnormal findings were of abdominal distension and right iliac fossa tenderness. Investigations revealed a normal haemoglobin, white blood count and electrolytes. Abdominal X-rays showed small bowel obstruction.

At laparotomy, the stomach and proximal small bowel were distended. Ninety centimetres beyond the duodenal-jejunal flexure, 50 cm of small bowel had herniated through a 3 cm window in the anterior leaf of the greater omentum to lie between the omental leaves of the gastro-colic omentum (Figure 1). The small bowel was ischaemic but could easily be reduced, after which it was deemed viable. The window in the omentum was laid open widely, and he made an uncomplicated recovery.

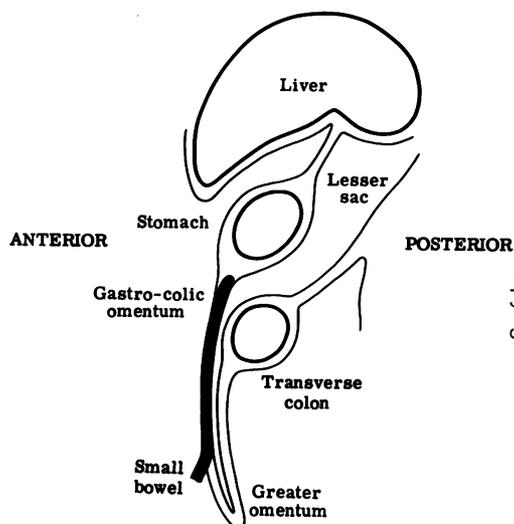


Figure 1 Diagrammatic representation of inter-epiploic hernia (sagittal section).

Discussion

Omental hernias are the least common of internal hernias.² They are not true hernias as they do not have a sac. Their exact aetiology is unknown, although it has been proposed that they are congenital in origin.³ Other aetiological factors cited are trauma⁴ and inflammation.⁵ Transomental hernias have a defect which allows bowel to pass through the omentum. The case described here is a form of omental hernia, but is unique in so far as the defect in the omentum was limited to the anterior leaf, and the herniated small bowel split the two fused layers of the anterior leaf to migrate in the plane anterior to the transverse colon and into the gastro-colic omentum. A literature search over 25 years leads us to believe our case is the first such to be described. The anterior leaf of omentum

caudally splits to invest the stomach (Figure 1). The posterior leaf of omentum splits to invest the transverse colon before fusing to become the posterior surface of the lesser sac.⁶ The term inter-epiploic hernia is proposed, to distinguish it from other omental hernias. As with the majority of transomental hernias,¹ the present example of inter-epiploic hernia occurred in an elderly male, with vague initial symptoms.

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