

LIGHT AT THE END OF THE TUNNEL

A case of paracaecal hernia

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INTRODUCTION

Internal abdominal hernia is defined as the protrusion of the abdominal viscera into one of the fossae, foramina, recesses or congenital defects within the peritoneal cavity⁽¹⁾. Paracaecal hernia is a rare form of internal abdominal hernia with reported incidence rates of between 0.1 to 6.6%. Preoperative diagnosis of paracaecal hernia is difficult and usually confirmed at laparotomy. Patients may present with chronic symptoms of indigestion and intermittent colicky periumbilical and epigastric pain or more commonly acutely with intestinal obstruction^(2,3). Presented in this case report is a rare case of a broken light bulb lodged in a paracaecal hernia.

CASE REPORT

A 50-year-old man presented with a two-day history of rectal bleeding and abdominal discomfort. The abdominal X-ray showed a foreign body in the right iliac fossa adjacent to the caecum and air shadow lateral to the rectum. Subsequent direct questioning revealed that a light bulb had been inserted into his rectum during sexual intercourse. The bulb was not visible on rigid sigmoidoscopy.

At laparotomy, the sigmoid colon was found to be elongated and incarcerated within a paracaecal hernia. A fractured light bulb together with glass fragments was found wedged within the small amount of free sigmoid colon between the rectosigmoid junction and the paracaecal hernia. The colon was then mobilised and the bulb was removed. The patient made an uneventful recovery.

DISCUSSION

Paracaecal hernia is a rare form of internal abdominal hernia which is poorly diagnosed preoperatively. The aetiology of paracaecal hernia is due to anomalies of intestinal rotation. From the sixth week of embryological development the midgut is herniated into the umbilical cord and returns over the next few weeks rotating 270 degrees in a counter clockwise fashion. The caecum comes to rest in the right lower quadrant where it is attached by the mesentery⁽⁴⁾. A number of pockets are formed which may be shallow or deep and they include the paracaecal sulci, caecal fossa, caecal recess, superior iliocaecal recess, inferior iliocaecal recess, and retrocaecal recess⁽²⁾. Anatomical variations in rotation and peritoneal fusion can produce additional pockets, all of which may become hernial orifices⁽⁵⁾.

Although in this case the patient had an incidental finding of paracaecal hernia due to traumatic insertion of a light bulb, paracaecal hernia rarely present this way. Usual presentation is that of acute intestinal obstruction, with formal diagnosis usually at laparotomy. Barium enema may be helpful in

diagnosing chronic or difficult cases⁽¹⁾. Abdominal computerised tomography may also be helpful in diagnosis⁽⁶⁾. Radiological findings suggestive of paracaecal hernia include disturbance of the small bowel pattern, sacculaton or clumping, segmental dilatation, stasis, reverse peristalsis and fixation with loss of mobility of the small bowel⁽⁷⁾.



The abdominal X-ray in this case showed the foreign body to be located on the right side of the bowel and gave the impression of being lodged in the caecum. This appearance was explained by the presence of a paracaecal hernia.

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