Supra-vesical hernia presenting as intestinal obstruction

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Summary Supra-vesical hernia is a rare form of internal hernia. It often presents as bowel obstruction. Diagnosis is increasingly established pre-operatively because of the broader application of computed tomography in cases of intestinal obstruction.

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A 56-year-old male with no previous medical history was evaluated for bowel obstruction progressing over 72 hours. On physical examination, the abdomen was distended and tympanic but with no signs of peritoneal irritation. The inguinal areas showed no sign of hernia incarceration; rectal examination was normal. Upright abdominal plain X-rays showed air fluid levels in distended loops of small intestine. Images on abdominal computerized tomography (CT) were consistent with a mechanical bowel obstruction due to an internal pelvic hernia (Fig. 1). An emergency midline laparotomy was performed. Exploration revealed distended small intestine proximal to a loop of incarcerated loop of ileum that was herniated through an abnormal opening in the parietal peritoneum of the pelvis resulting in a supra-vesical internal hernia (Fig. 2A). After reduction, the herniated bowel was found to be viable. The neck of the hernia orifice measured 4 cm in its longest axis (Fig. 2B). The defect was closed with interrupted non-absorbable sutures. The patient’s post-operative course was unremarkable.

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Supra-vesical hernia originates at the level of the fossa between the remnants of the urachus and the umbilical arteries. The hernia sac eventually protrudes through the musculo-fascial fibers of the anterior abdominal wall resulting in an external supra-vesical hernia. Less commonly, the hernia sac develops in the spaces surrounding the bladder to form an internal hernia [1]. Thanks to the commonplace use of CT in the evaluation of bowel obstructions, the diagnosis is now usually made pre-operatively [2].

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

References