A CASE OF PARASTOMAL HERNIA WITH OBSTRUCTION

BY

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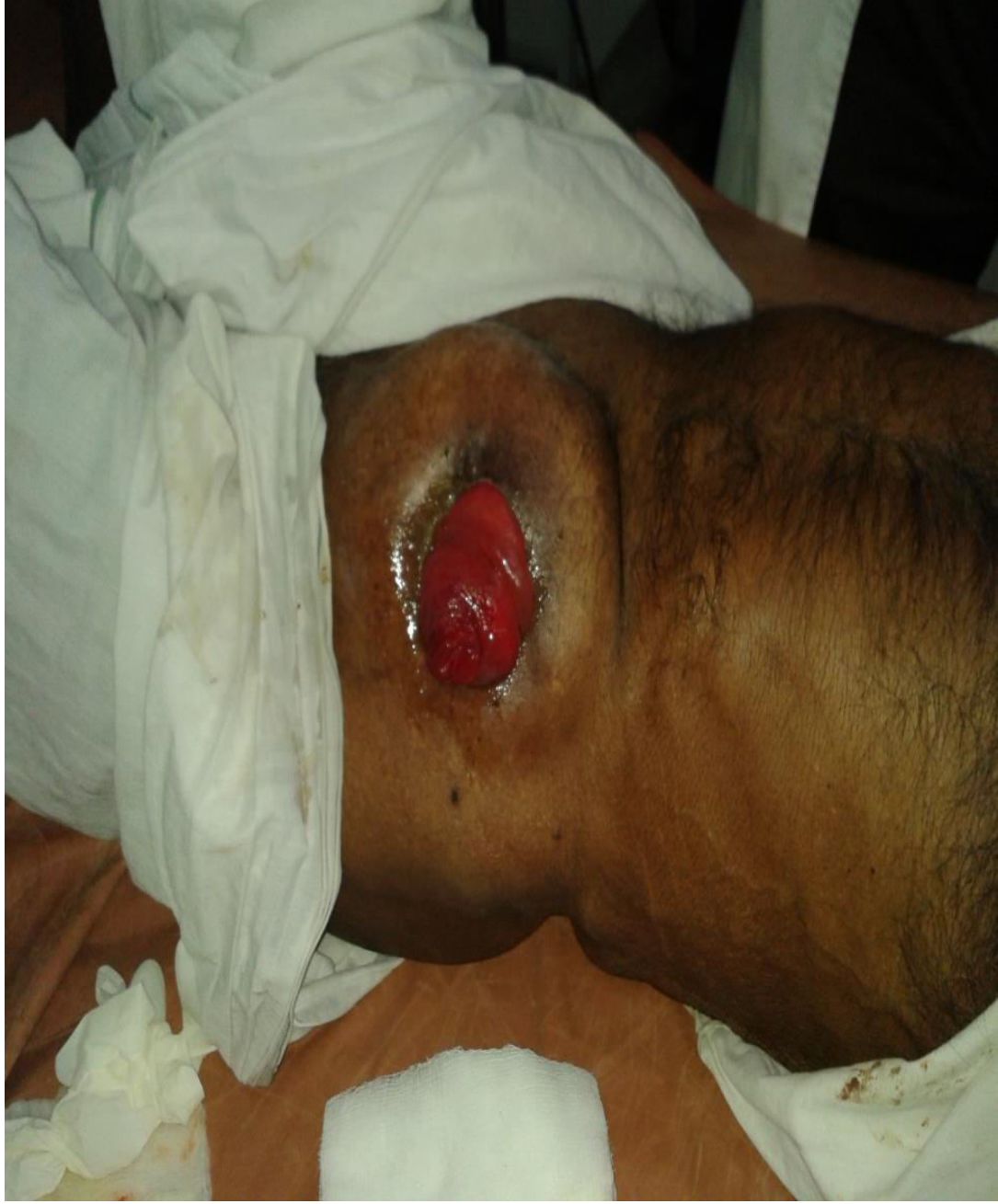
P.G.FINAL YEAR

DEPT.OF GENERAL SURGERY

- A 80 yr old male patient came to hospital with complaints of

1. Swelling left lower quadrant of abdomen around stoma since 1 day
2. Pain abdomen left lower quadrant since 1 day
3. Vomitings since 1 day.



➢History Of Present Illness :

- Patient asymptomatic one day ago ,
  then developed swelling in left lower quadrant of abdomen around stoma
  which is sudden in onset ,
  rapidly progressive attained present size
  with in one day.

- no h/o reducibility at any period of time.

- h/o pain in Lt. iower quadrant of abdomen present, insidious onset, colicky in nature
  no h/o radiation / referred pain

- h/o 6 episodes vomitings since 1 day
  bilious in nature

- h/o not passing stools ,flatus through stoma since 1 day

- no h/o straining for stools

- No h/o bleeding /malaena per stoma.

- h/o straining for urine with narrow stream since 2 yrs

- no h/o chronic cough

no h/o fever
no h/o jaundice
no h/o trauma

➢ Past history:

- h/o surgery done 30 yrs back for rectal carcinoma with end colostomy .

- No h/o radiation, chemotheraphy

- no h/o DM, HTN , Tuberculosis.

➢ Personal history :

Patient -married ,

Appetite - normal

Bowels - regular

Not a known smoker / alcoholic

➢ Family history:

Nil significant.

➢ General Examination :

Patient moderately built / nourished,
consious / cohorent,
a febrile,
tongue - moist
PR :90 beats /min
B.P. -150/100 mm/Hg Rt. Arm supine position
R.R.- 20/min abdomino thoracic

No pallor /icterus /cyanosis /clubbing /
pedal edema/generalised lymphadenopathy

➢ Local examination of abdomen:

On inspection:

Abdomen - distended

Umblicus - central

Midline scar present /no engorged veins

All quadrants moving normally with respiration

- Swelling size appx. 10x10cm circular in shape present around colostomy occupying lt.lumbar ,illiac fossa
- Colostomy prolapsed at center of swelling.

surface –smooth,

margins - well defined

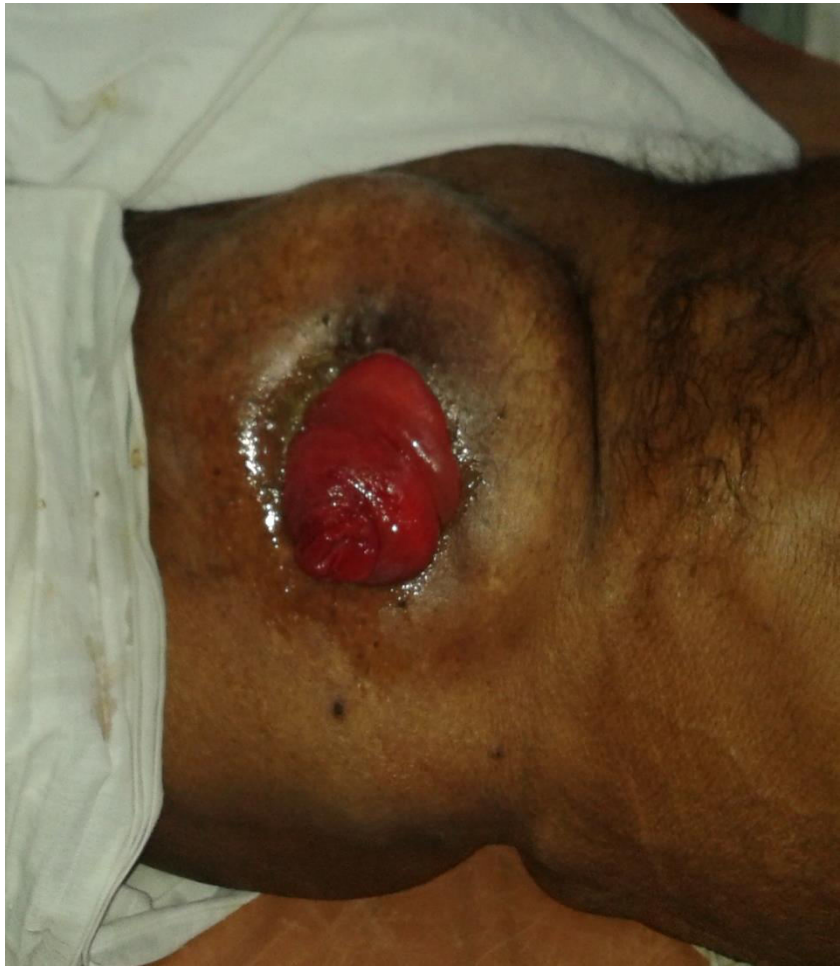
Not moving with respiration

Non reducible

Becoming prominent on leg raising test

NO expansile cough impulse

No visible peristasis /pulsatile movements



Hernial sites / external genitalia / renal angles are normal.

Palpation:

- No local rise of temperature
- Tenderness present over swelling.

- inspectory findings regarding swelling confirmed

- swelling – soft and tense in consistency /nonfluctuant/
  non reducible/ no expansile cough
  impulse/non pulsatile
  with restricted mobility.
- skin over the swelling pinchable
- Colostomy prolapsed admitting finger no mass/ no faecal matter felt.

- Hernial sites / external genitalia/ renal angles are normal

- **Percussion:**

  Resonant note noted over swelling

- Auscultation: peristaltic sounds heard over swelling.
- Other systems:

❖ cardio vascular system-
S1 ,S2 heard
no murmurs /thrills

❖ Respiratory system -
vesicular breath sounds present
no adventitious sounds.

❖ CNS - Normal

➢ PROVISIONAL DIAGNOSIS :

➢ Aute intestinal obstruction secondary to

? obstructed parastomal hernia.
? intussusception
? Recurrance of tumour.

Investigations:

- CBP

  Hb -14.6 gm%

  TLC- 10,300 /cu.mm

  N-85% ,L-10%, E-02% ,M-03%,B-0%

  platelet count -2.1 lakh/cu.mm

  BT -2min , CT- 4 min

  Blood group- O +ve

  Smear - Normocytic, normochromic

CUE - Normal.

- RBS - 100mg/dl
- Blood urea -33mg/dl
- S.creatinine - 0.6 mg/dl

- Na -134 mmol/l
- K - 3.9 mmol/l
- Cl - 100 mmol/l
- HIV - Non reactive
- Hbs Ag - Negative
- ECG - WNL

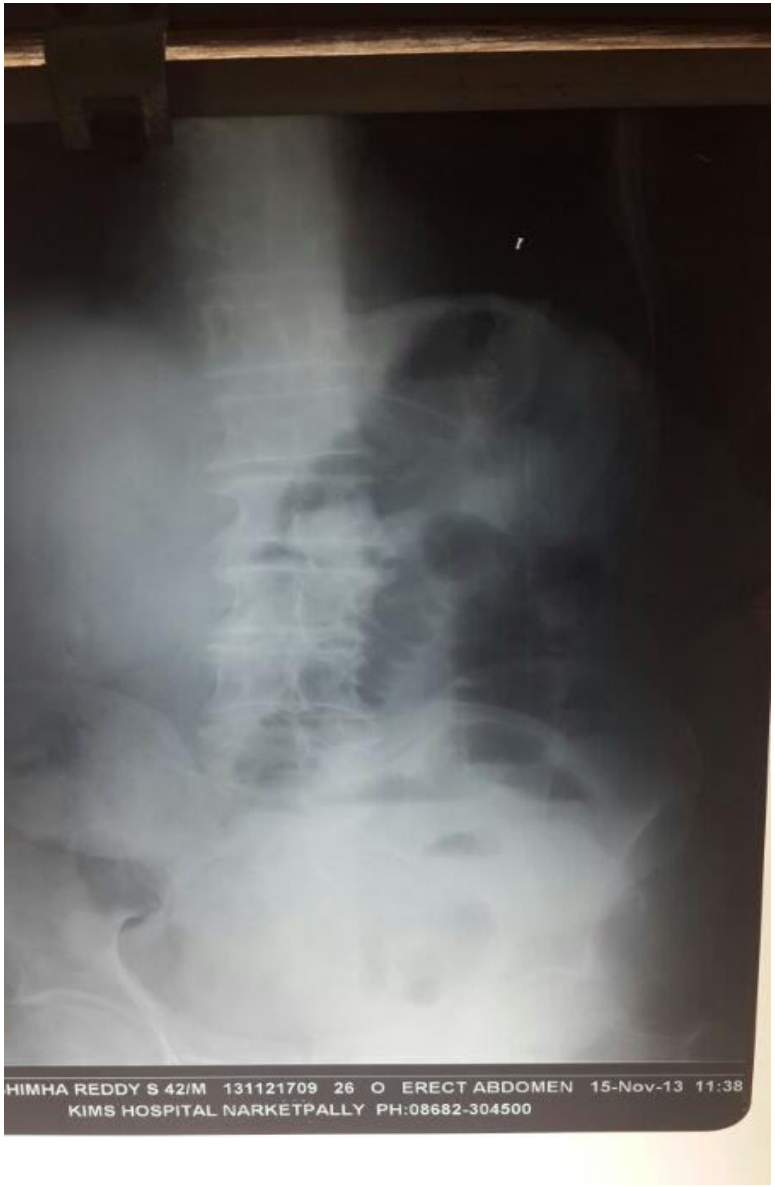
- USG Abdomen -

Dilated bowel loops with to and pro peristalsis noted by the side of stomal opening.

- X-ray erect abdomen -
  multiple air fluid levels present

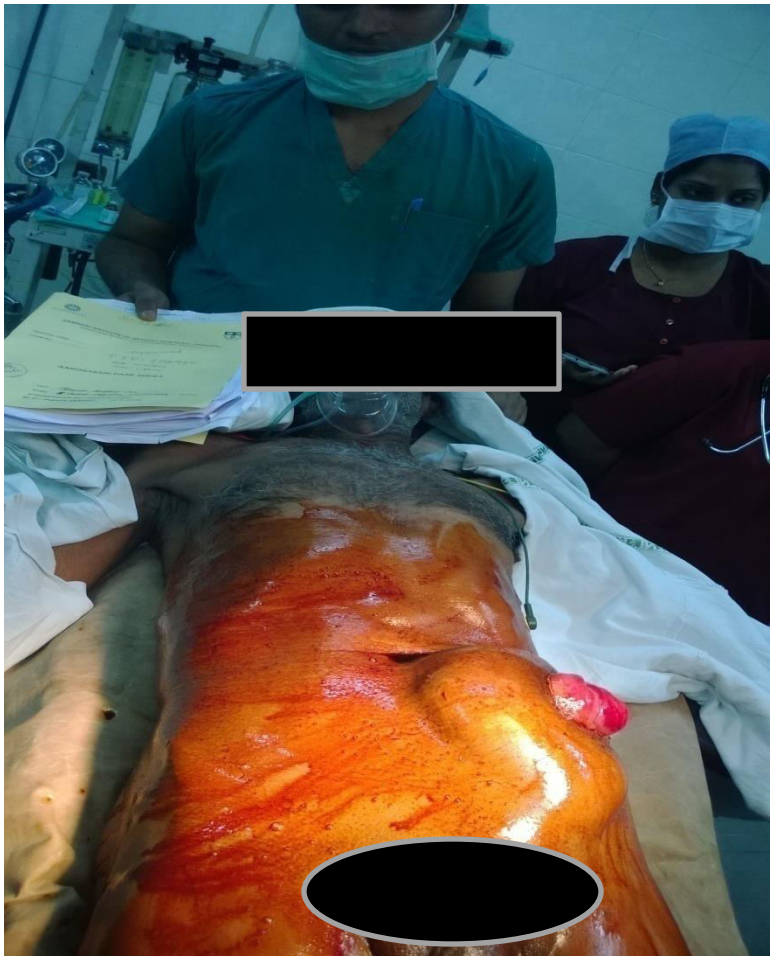
PLAN OF TREATMENT:

Emergency exploratory laparotomy



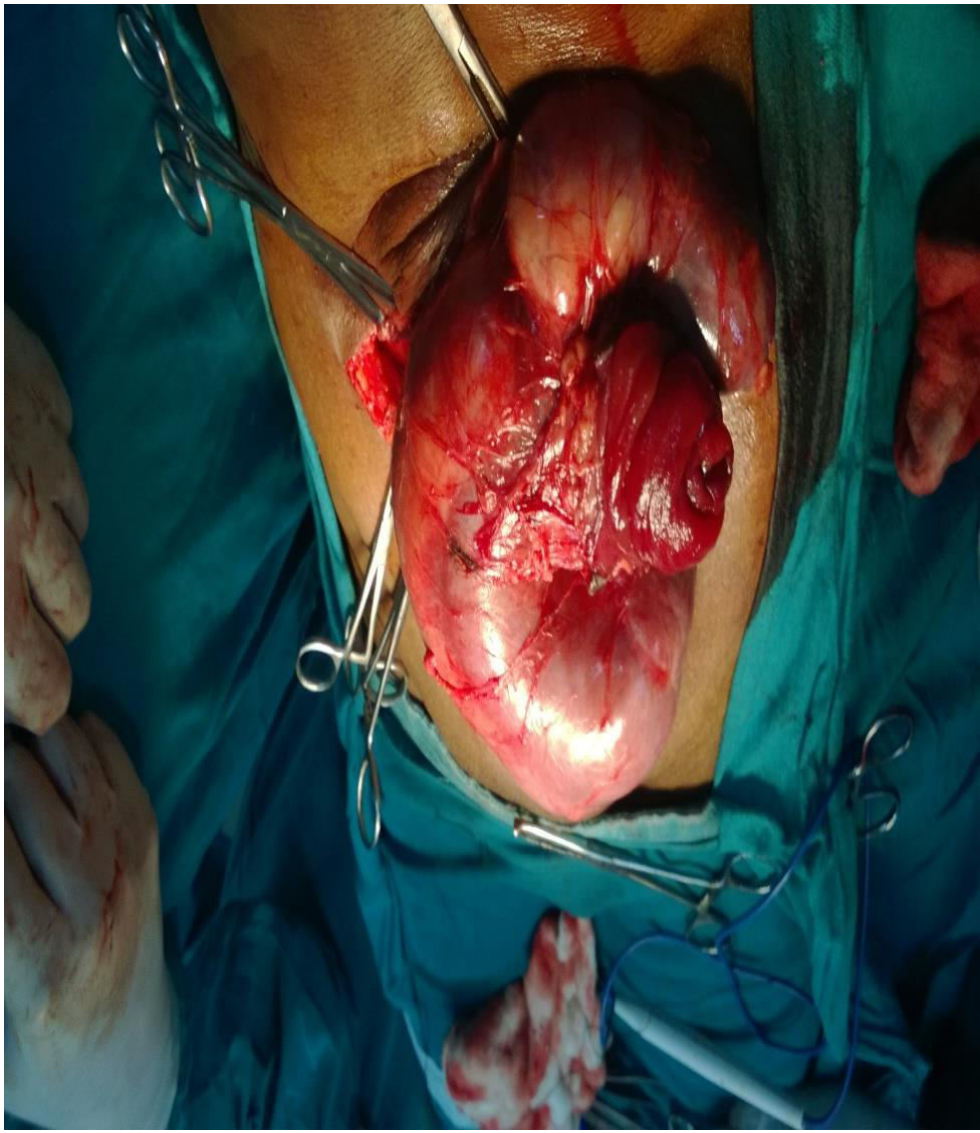
Treatment

- Patient kept nil orally.
- Initial resuscitation done
- Ryle's tube inserted , condom drainage for urine done.
- PROCEDURE-
- Under spinal+ epidural anesthesia
- Parts painted and draped.

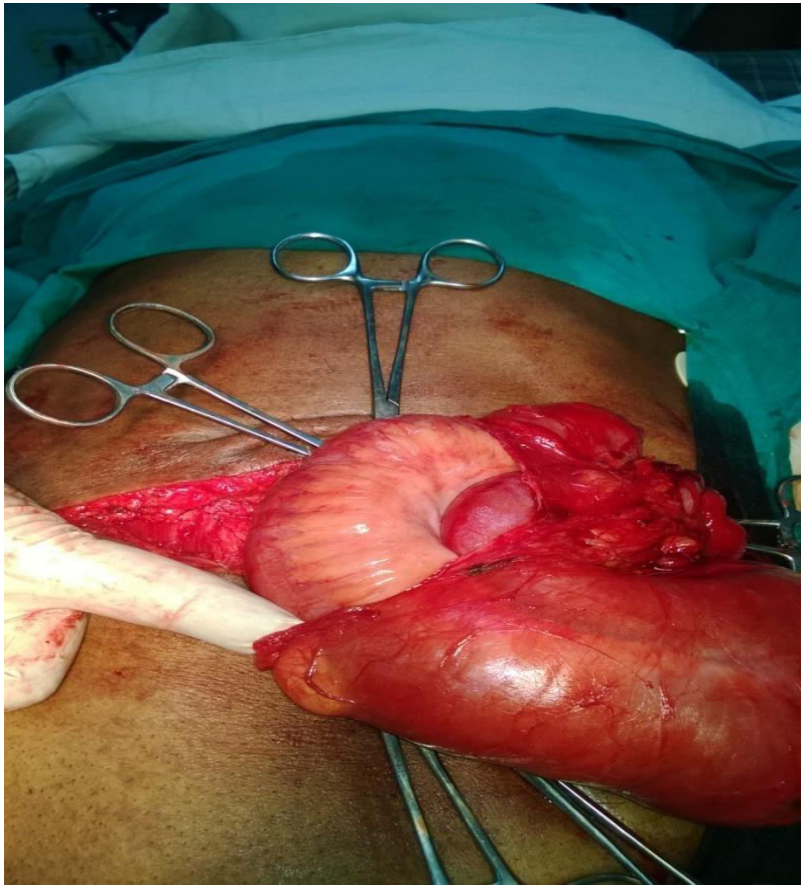


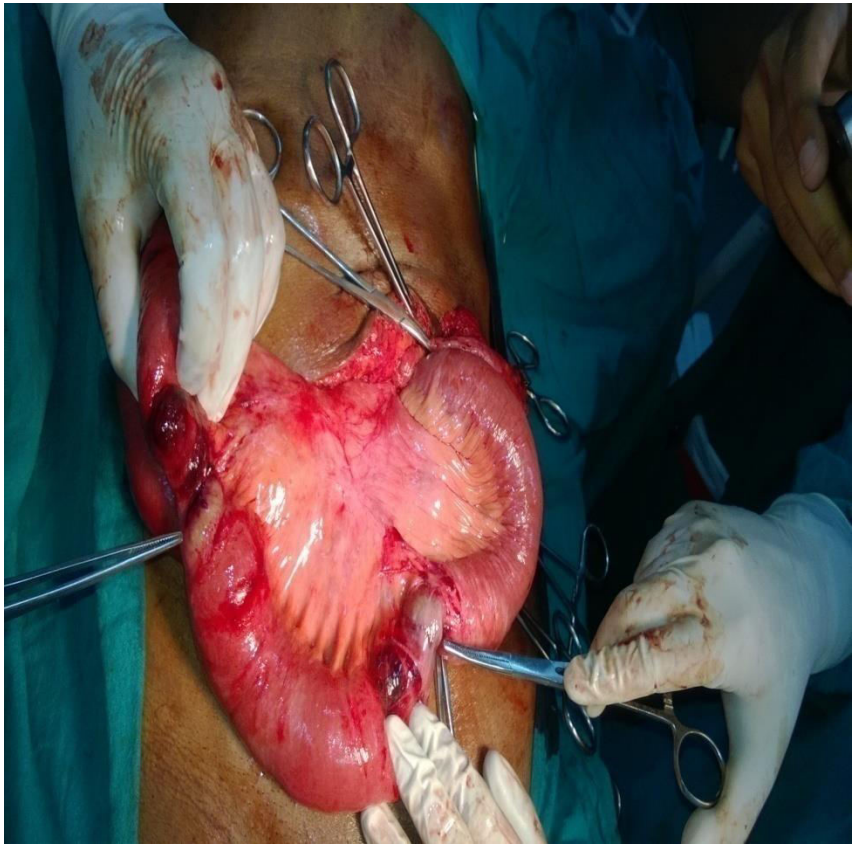
- A transverse incision taken at the level of colostomy.

- Herniated sac along with contents dissected and seperated .



Sac opened smallbowel delivered,
constriction and gangrenous changes noted
at segment of jejunum ,resection anastomosis and
end colostomy done
layers of anterior abdominal wall closed.





Post.op treatment

- NBM
- RTA -continuous+ 2nd hrly
- i.v.fluids -R.L.+DNS out put+50 ml/hr
- Inj.cefaperazone+ sulbactum 1.5 gm iv BD
- Inj. Metrogyl 400mg iv TID
- Inj.Amikacin 500mg iv BD
- Inj. Pantop 40mg iv OD
- Colostomy care
- TPR/ BP/ I/O Charting.

- Allowed soft diet on post.op day 6
- Pt. tolerated well and colostomy functioning.
- Discharged on POD 15.

Thank You.