Video - Laparoscopic Repair of a Paraduodenal Internal Hernia

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A 41-year-old male with a virgin abdomen and a history of acid reflux presented with chronic, sporadic, non-localizable abdominal pain of several years. He denied symptoms of nausea, vomiting, constipation or diarrhea. Pain did not improve following PPI therapy. Preoperative CT scan noted small bowel herniating internally into the left upper quadrant posterior to the inferior mesenteric vein; these findings are most consistent with a left paraduodenal hernia (LPDH). There were no signs of mesenteric fat stranding or obstruction noted on imaging. Following laparoscopic identification of the mesenteric defect, the entire small bowel length was reduced up to the level of the ligament of Treitz. The defect was then closed in a running fashion to approximate the colonic and jejunal mesentery. Additional fixation of the jejunal serosa to the ligament of Treitz further secured the small bowel to prevent re-herniation. Our patient recovered uneventfully with complete resolution of preoperative symptoms. This video abstract denotes the laparoscopic management of an internal hernia through the fossa of Landzert. Although generally uncommon, affecting less than 2% of the population, paraduodenal hernias are the most common internal hernias and arise from congenital defects in the mesentery. LPDHs are three times more common than right, formed due to non-fusion of the descending colon mesentery to the parietal peritoneum, and situated left of the fourth portion of the duodenum. Patients, such as ours, will present with non-specific symptoms that include abdominal pain, nausea, and vomiting, with or without signs of intestinal obstruction, ischemia or perforation.

Category - General

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