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An experience with laparoscopic management of an uncommon entity – renal paratransplant hernia

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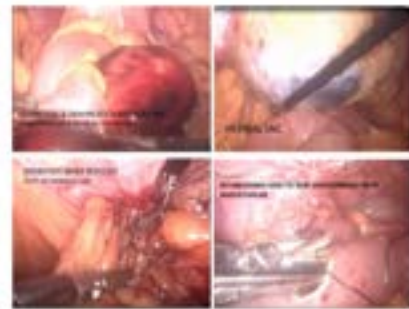
Introduction: Paratransplant hernia (PH) consists of an unusual variant of internal hernia, which was first reported by Kyriakides et al., as entrapment of bowel through a defect in the peritoneum covering the transplanted kidney. It is an uncommon, but potentially fatal complication of renal transplantation. To our knowledge, nine cases have been previously reported.

Case report: A 40-year-old man presented to our emergency department with a 24-hour symptoms of abdominal pain, distension and nausea. Eight-months ago he underwent right sided Renal transplantation for IgA Nephropathy. Clinically patient was febrile and tachycardiac. On examination tenderness in the right lower quadrant, bowel sounds were exaggerated and rectum was empty. Plain abdominal Xray demonstrated multiple air-fluid levels. A nasogastric tube was inserted to release the distension. Abdominal computed tomography (CT)-scan was to confirm diagnosis which large right lateral abdominal wall incisional hernia containing multiple small bowel loops with closed loop small bowel obstruction abutting the transplanted kidney. Diagnostic laparoscopy was done. A gangrenous 25 cm long segment of completely obstructed small bowel was herniating through the peritoneal defect at the site of allograft, 10 cm from ileo-caecal junction. Resection and side to side endostapler anastomosis was done. In left spinoumbilical line proximal defunctioning ileostomy done and the peritoneal defect was closed primarily. The patient had a sound postoperative course and was discharged at 5th postoperative day. Loop ileostomy was reversed after 3 months of surgery.

Conclusion: Recommend - early diagnosis by CECT, minimally invasive surgery for treatment of renal paratransplant hernia. Equally effective as compared to open surgery. It has all the advantages and benefits of the minimal access surgery. Better and quick post-operative recovery.



Preoperative CECT image:



Intraoperative image

Biography

Richa Jaiswal has completed her MBBS (Graduation) from a government Medical college in Maharashtra, India in 2014. She is pursuing her DNB General Surgery (Post Graduation) in Manipal Hospital Bangalore through All India Merit Rank. She has published and presented internationally an article in Journal of Gastroenterology in 2017 in Hong Kong. She has secured second position in SSB conference for a paper presentation.

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