

A Case of Strangulated Internal Hernia in Para-Duodenal Fossa

By

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Shri Nain Uddin, 45 years, was admitted for the treatment of Intestinal Obstruction at Sadar Hospital.

History :

- (a) Pain abdomen—4 days.
- (b) Vomiting—4 days.
- (c) Absolute constipation—4 days.

History of the Present Illness : 4 days previously the patient had pain in abdomen which was 'colicky' in nature. It was not referred to any other place and was associated with vomiting. In the beginning the vomiting was severe ; firstly food materials then bile, and later coffee-ground, foul smelling fluid. Constipation for 4 days. He had not passed urine for 24 hours.

Past History : The patient complained of recurrent attack of abdominal pain which used to be relieved by enema or other medication. Once or twice he had been given a course of Santonine in the belief that the pain was due to round worm.

Personal History : Usually smokes *bidi* and sometimes takes *toddy* and is non-vegetarian.

On Examination :

1. (a) *Local Inspection* : Abdomen distended mostly central, in ladder pattern enlarging with the increase in pain.

(b) *Palpation* : Abdomen tense, slight tenderness in the centre.

(c) *Percussion* : Resonant all over.

(d) *Auscultation* : Loud intestinal murmur heard.

(e) *Rectal* : N.A.D.

General Examination :

Tongue : Dry and coated.

Temperature : 97° F ; pulse—90 ; vol—poor ; respirations : 30.

Blood Pressure—100/64 m.m. Hg.

Chest : N.A.D.

C.V.S : N.A.D.

Investigation :

X-Ray could not be done due to lack of X-Ray Plant.

Blood.

(a) Total W.B.C.—7,400 per C.M.M.

(b) Differential : Count.

Poly	: 64%
Lympho	: 28%
Eosino	: 4%
Mono	: 4%
Baso	: Nil

Pre-operative Management : The patient was put on a Fowler's bed. Soap and water enema was given twice with no result. A Ryle's Tube was passed and 900 c.c. of gastric contents were aspirated with the help of a syringe. The fluid aspirated was coffee-ground with faecal odour.

The condition of the patient was poor and showed symptoms of marked dehydration ; so an intra-venous glucose-saline 5% solution, by drip method, was started to combat the salt and water depletion. After administering one and a half pints the condition of the patient improved. Routine skin preparation was given. Atropin 1/100 gr. (intra-muscular) was given and the patient was sent to the Operation Theatre for immediate laparotomy.

In Operation Theatre : Operation performed under general anaesthesia. His abdomen was opened by Rt. paramedian incision. On opening the peritoneum it was found that the whole of small bowel was covered by another layer of peritoneum. On exploration it was found that the whole of small intestine had herniated into the paraduodenal fossa. The wound was enlarged downwards and the hernia was reduced. At the site of constriction gangrene had set in and gave way while reducing. The paraduodenal fossa was closed and the sac obliterated and the abdomen closed.

Post Operative Management : As soon as the patient returned from O.T. he was gently placed in bed in recumbent position with his head turned to one side to prevent the tongue from falling back, and to avoid the risk of vomitted matter entering into the trachea. Every attempt was made to prevent shock. His pulse was recorded $\frac{1}{2}$ hourly to detect any sign of deterioration.

When the patient recovered from anaesthesia he was gently put into a comfortable Fowler's position and sedated with morphine sulph $\frac{1}{4}$ gr. intramuscularly to combat restlessness.

Diet and Drugs : On the day and next day of operation nothing was given by mouth, but intra-venous glucose-saline 5% solution was continued up to 6 pints. After 30 hours the patient passed flatus, bowel sound returned, and so fluid was given by mouth : sterile water 1 oz., every hour, was ordered. An intake and output chart was maintained daily.

4th Day : The quantity of water was increased to 2 ozs. hourly for 24 hours.

5th Day : Liquid Diet 4 ozs. hourly was ordered i.e., Milk Horlicks, barley water, fruit juice etc., were given alternately.

6th Day : The same liquid diet plus 2 ozs. rice pudding and eggs.

7th Day : Fine rice 2 ozs., *Dal Mong* 2 ozs. and smashed potato was given at 12 noon and again at 8 p.m. plus the same liquid diet at 2 hourly intervals as before.

8th Day : The diet was gradually increased.

Drugs :

(a) **Antibiotics :** Crystalline Penicillin G. Sodium 1 lac 4 hourly, and Dihydro-Streptomycin Sulphate 1 Gm. 8 hourly was given for 4 days ; thereafter were decreased to 1 lac 4 hourly and $\frac{1}{2}$ gm. twice daily respectively for four days and then discontinued.

(b) **Sedative :** Morphine Sulph $\frac{1}{4}$ gr. given on the day of operation just after recovery of anaesthesia ; and $\frac{1}{6}$ gr. given later.

(c) **Tonics :** Liver Extract and Vitamin 'B' Complex 1 c. c. of each were administered intramuscularly on alternate days and iron tablets (Fersolate) 1 T.D.S.

Elimination : Patient passed 8 ozs. urine himself 12 hours after operation. He passed flatus after 30 hours, but the bowel remained constipated but responded to glycerine enema on the 4th day, thereafter the bowels moved regularly.

Ryle's Tube Aspiration : After operation one hourly aspiration was ordered and continued from 4 p.m. to 8 a.m. For a few ounces coffee-ground fluid with faecal smell was found in the aspirated fluid ; thereafter the quantity became less and less and yellowish in colour.

2nd Day : 4 hourly aspiration was done from 8 a.m. to 8 p.m.

3rd Day : Aspiration was done six hourly and then the Ryle's Tube was taken out.

Dressings : Tension suture was taken out on the 3rd day. The wound was quite clean. It was redressed with Cibazol Powder, bandaged and not disturbed till the sutures came out on the 8th day. It was dressed again with Cibazol Powder and left so for two days more. Wound healed completely.

General Nursing : Patient was placed on Fowler's bed and nursed in a semi-sitting position for about four days ; the position of the patient was frequently changed according to his comfort.

Sheets and drawsheets were changed whenever there was need. Mouth was

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