



## OMENTAL TORSION PRESENTING AS STRANGULATED INGUINAL HERNIA IN AN ADULT

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Article Info	ABSTRACT
<p>Received 15/03/2015 Revised 27/04/2015 Accepted 22/05/2015</p> <p><b>Key words:</b> Torsion omentum, Inguinal hernia, Strangulated inguinal hernia.</p>	<p>Inguinal Omentocoeles are not uncommon. Inguinal hernial sac with torsion of omentum and gangrene in inguinal sac is unreported. Aims to report a rare and unique case of Strangulated Inguinal Hernia due to omental torsion without clinical abdominal signs and leucocytic response. A 22yr old adult presented with severe excruciatingly painful Irreducible Inguinal Hernia of few hours duration. He had history of reducible inguinal hernia. Abdomen was unremarkable and total leucocyte count was 6,200/cubic mm. Inguinal exploration revealed more than 3 times clockwise twisting of omentum associated with gangrene inside the hernia sac. Omentectomy and hernia repair was performed. Post-operative period was uneventful. A rare and unique case of omental torsion with gangrene presented as Strangulated Inguinal Hernia without abdominal signs and leucocytic reaction is being reported.</p>

### INTRODUCTION

Omentum is a frequent content of Inguinal Hernia's described as Omentocoele's [1]. Torsion of omentum has been reported in literature either on abdominal examination or as a pre-operative CT scan finding [2,3]. None of the reports have presented torsion of omentum presenting as Strangulated Inguinal Hernia.

### Aims and Objectives

To present, to document and to add to the existing literature the case of torsion omentum with gangrene presenting as Strangulated Inguinal Hernia in an adult.

### CASE DETAILS

A 22yr old young, healthy adult presented with sudden, intolerable pain on the right side. He had history of Inguinal Hernia for 6yrs. The hernia had become irreducible for the last 2days, pain having become excruciating and intolerable for over 2hrs. He vomited once and moved his bowels on that day. Examination revealed a tense, tender Irreducible Incomplete Hernia. He had a pulse rate of 82bpm. His BP was within normal

limits. Routine surgical profile showed haemoglobin of 13gm% and total leucocyte count of 6,200/ cubic mm. Exploration had revealed most of the omentum with inguinal sac with more than three clockwise twists. (fig 1 a b) The omentum was gangrenous and was plugging the internal ring. (Fig1c) (this is probably why he didn't have any abdominal signs). Omentectomy was performed and hernia was repaired by Modified Shouldice's technique. (Fig 1 d) Post-operative period was uneventful.

### DISCUSSION

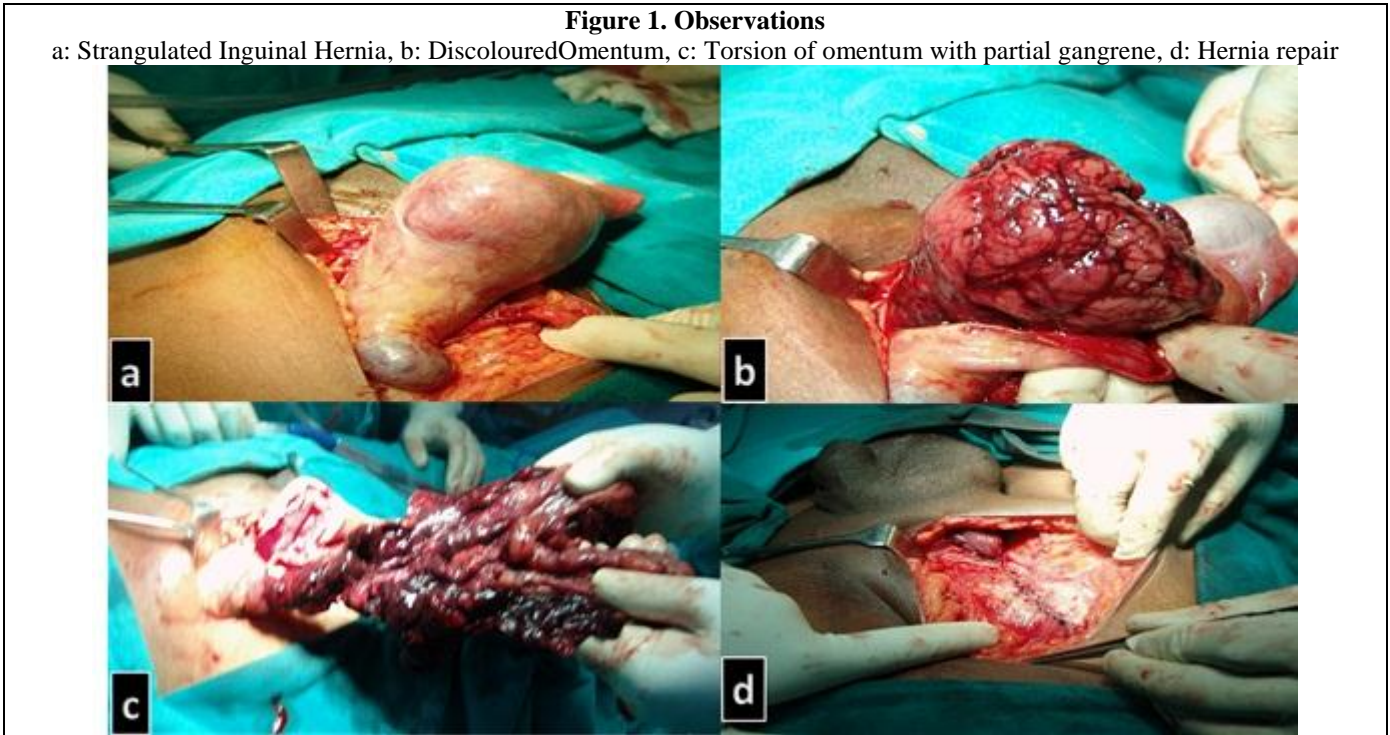
Inguinal Hernia is one of the common clinical conditions seen in surgery. Omentum is a frequent content of Inguinal Hernia [1] Irreducibility, strangulation and intestinal obstruction are known complications of Inguinal Hernia. Omental torsion has been hitherto reported by others either on pre-operatively CT scan or was an operative surprise at Laprotomy [4].

Other causes of torsion [5] have been described in literature. Omental torsion has been classified as primary and secondary. Primary omental torsion can be caused by



**Figure 1. Observations**

a: Strangulated Inguinal Hernia, b: Discoloured Omentum, c: Torsion of omentum with partial gangrene, d: Hernia repair



congenital bands, acquired adhesions, previous surgery. Secondary omental torsion is commonest due to Inguinal Hernia. But, torsion of omentum in inguinal sac has not been reported to the best of our search.

The index case has torsion of omentum (Fig.1a) with more than three clockwise twists with gangrene inside the hernia sac. The neck of the sac was blocked by twisted omentum (fig.1b,c).

This was the probable reason for lack of clinical abdominal signs and leucocytic reaction.

The hernia was repaired by Modified Shouldice's technique (fig.1d). Post-operative period was uneventful.

#### CONCLUSION

A rare and unique case of omental torsion with gangrene presented as Strangulated Inguinal Hernia without abdominal signs and leucocytic reaction is being reported.

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