

# Intestinal hernia: An unusual intra-abdominal hernia with bloody ascites as the main clinical manifestation

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To the Editor,

Clinicians will see many types of hernias. Intra-abdominal hernia is a type of hernia. The occurrence of intra-abdominal hernia is almost related to the bowel. The most common type is inguinal hernia.<sup>[1]</sup> As we all know, intestinal hernia is a type of intra-abdominal hernia. This paper presents a case of an unusual intra-abdominal hernia with bloody ascites as the main clinical manifestation using laparoscopy exploration.

A 66-year-old man presented with abdominal pain and vomiting for 4 h. The physical examination did not reveal a cause of abdominal pain. No obvious abnormality was revealed by complete blood count or computed tomography of the abdomen. Serum amylase (AMY) is 156 U/L (the upper limit of the reference interval of AMY is 110 u/L). Apart from abdominal pain and vomiting, the man denied any other abnormal symptoms, history of other chronic medical conditions, surgery, or trauma. Physical examination also showed no obvious abnormality. The man left the hospital after abdominal pain was improved by intravenous infusion of anti-inflammatory drugs, gastric mucosal protectants, and antispasmodics.

However, 10 h later, the patient came to our hospital for another visit with abdominal pain after leaving the first visit to a doctor. To get a clarity of the diagnosis, the man was in the hospital for a thorough examination. Ultrasonography and repeat CT of the abdomen revealed the presence of ascites (Fig. 1a and b). The repeat serum AMY was 64 U/L. By draining the ascites and measuring the volume of ascites (Fig.

1c and d). It continued to produce massive ascites all the time for the past 3 days. Another complete blood count showed a continuous drop in hemoglobin. Laparoscopy exploration is recommended after a multidisciplinary consultation after various medical examinations fail to identify the cause of ascites and abdominal pain. Laparoscopy exploration<sup>[2]</sup> revealed an intra-abdominal hernia (Fig. 1e) after the 4<sup>th</sup> day of hospitalization. Subsequently, during the operation, it was found that the omentum and the ileocecal adhered, the fibrous cord formed a hernia ring, the ileum at the end of approximately 15 cm herniated into it, and a part of the small intestine was necrotic, the necrotic bowel was removed by laparotomy (Fig. 1f). The man was cured and free from the hospital, and telephone follow-up showed that the patient recovered without sequelae.

As we know, the vast majority of hernias can be diagnosed by symptoms, signs, ultrasound, and CT.<sup>[3]</sup> However, there are still some types of hernias to be diagnosed by exploration, and laparoscopic exploration can be one of the options. To confirm the diagnosis in time for the unusual intra-abdominal hernia and reduce the delay of diagnosis, we can learn the following points from the case:

1. Intra-abdominal hernia becomes one of the causes of ascites (bloody ascites);<sup>[4]</sup>
2. Under the current circumstances, when the diagnosis is unclear, the abdomen should be explored as soon as possible (laparoscopy) to reduce the duration of pain of the patient and the length of intestinal necrosis;

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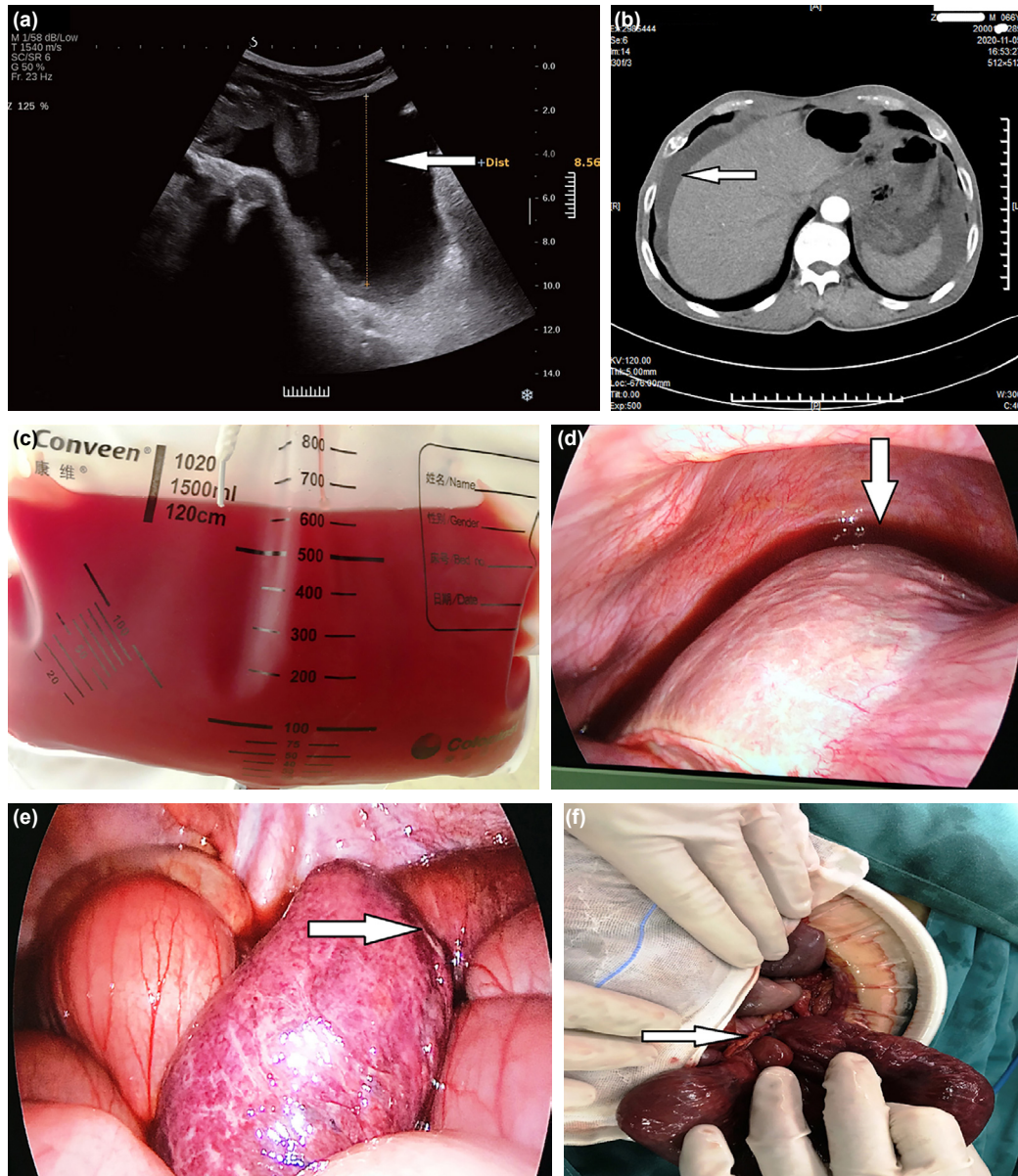


Figure 2. (a-f) The imaging data of this case.

3. Multidisciplinary consultation is helpful for the diagnosis and treatment of intractable diseases, such as the decision of abdominal exploration.

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