

# Title: Unveiling the Uncommon: Broad Ligament Internal Hernia - A Diagnostic Conundrum

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## Introduction:

Internal hernias within the broad ligament are a rare clinical phenomenon, constituting merely 4% of all internal hernias.[1] This rarity poses both diagnostic and therapeutic challenges. Understanding the nuances of such cases becomes crucial in clinical practice.

## Method:

We present a compelling case of a 45-year-old woman admitted with acute upper abdominal pain accompanied by nausea, vomiting, and abdominal distension. Despite an unremarkable CT abdomen a week prior, her symptoms persisted. Her clinical examination revealed persisting abdominal distension and pain, which led to repeat CT imaging. The CT-Abdomen revealed small bowel obstruction with a single transition point at the pelvis adjacent to the uterus. Given her presentation with a virgin abdomen, the decision to have surgery was made.

## Results:

Intraoperatively, we discovered the small bowel was distended proximally, culminating in strangulation within the left broad ligament. Attempts at laparoscopic reduction proved unsuccessful, necessitating a Pfannenstiel incision for the safe reduction and subsequent resection of non-viable small bowel. The defect within the broad ligament was meticulously suture repaired using a running 3.0 Prolene stitch.

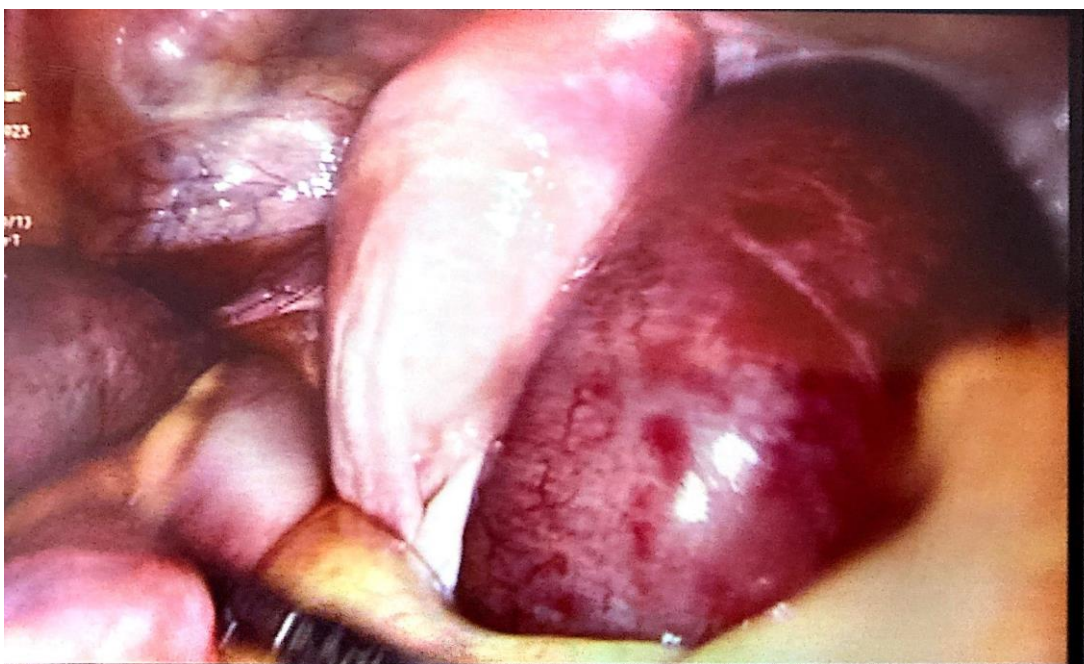


Figure 1: Intraoperative finding of strangulated small bowel



Figure 2: Fenestrated defect of broad ligament

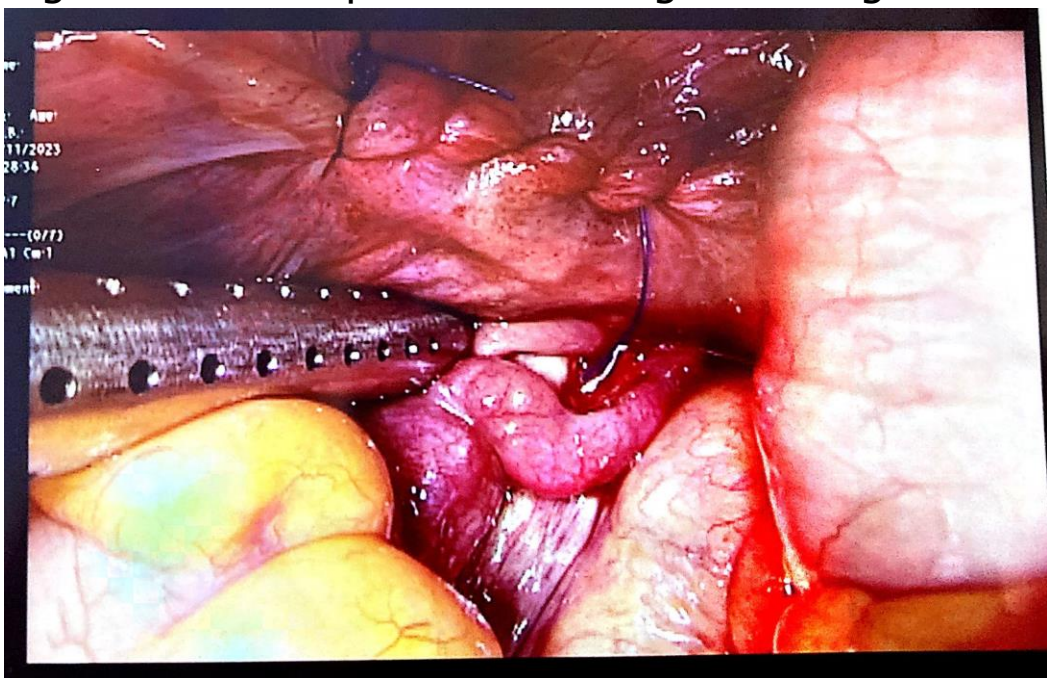


Figure 3: Primary repair of defect

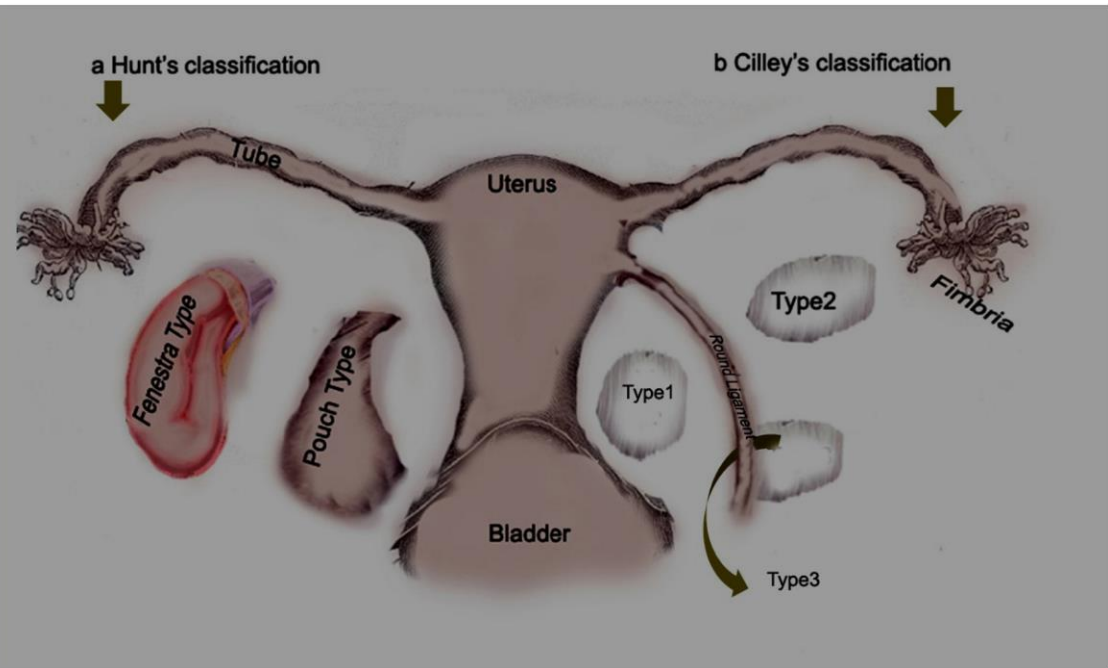


Figure 4: Classification of Broad ligament hernia

## Conclusion:

Broad ligament internal hernias present a diagnostic dilemma, often demanding quick and astute clinical judgment. Radiological imaging, while helpful, lacks specificity. In our case, the obstetric history strongly pointed towards a broad ligament tear as the causative factor. The surgical approach to repair such defects encompasses options like primary repair or marsupialization. This unique case sheds light on the importance of timely assessment and intervention. Broad ligament hernias can be classified as either fenestrated or pouch type, according to Hunt et al. In our case, we demonstrate a fenestrated type hernia, characterised by a defect in both peritoneal layers.

## References:

1.Yash Rohatgi, Rafique Umer Harvitkar, Vanita Raut, Abhijit Joshi, Broad ligament hernia: Two contrasting ways to a common goal – Two case reports with review of literature, International Journal of Surgery Case Reports  
2.A.B. Hunt. Fenestra and pouches in the broad ligament as an actual and potential cause of strangulated intra-abdominal hernia Surg Gynecol Obstet, 58 (1934), pp. 906-913