Rare disease

Stomach in a parastomal hernia: uncommon presentation

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Parastomal herniae are among the most common complications of stoma formation. The authors present an unusual case of a 41-year-old lady who presented with frequent early postprandial vomiting devoid of bile, upper abdominal distension and weight loss in the preceding 4 weeks losing weight for the last 4 weeks. Barium meal revealed herniation of the stomach through the gastric wall causing gastric outlet obstruction. Intraoperatively she was found to have a subcutaneous incarcerated parastomal hernia containing viable stomach and small bowel loops. The hernial contents were reduced back into the peritoneum and the abdominal wall defect repaired using the open sombrero repair technique.

BACKGROUND

The presence of the stomach in a parastomal hernial sac is rare in surgical practice. It represents an uncommon differential in cases of gastric outlet obstruction.

CASE PRESENTATION

A 41-year-old lady presented to our emergency department with frequent early postprandial vomiting devoid of bile, upper abdominal distension and weight loss for the preceding 8 weeks. Her medical history included Crohn's disease, for which she underwent a panproctocolectomy and end ileostomy in 2002. She unfortunately developed recurrent parastomal hernias, and 6 months before admission her parastomal hernia was once again repaired in conjunction with refashioning of her stoma and excision of an abdominal wall sinus. She was taking prednisolone and azathioprine for her Crohn's disease.

On examination, her abdomen was soft with a prominent tender parastomal hernia. Bowel sounds were present and her ileostomy was healthy but only producing small quantities.

INVESTIGATIONS

Barium meal and follow through revealed that the stomach had herniated through the abdominal wall and was causing gastric outlet obstruction.

DIFFERENTIAL DIAGNOSIS

Given the patient's history of Crohn's disease, small bowel strictures were a possibility for her symptoms. An MRI was initially requested but the patient could not tolerate the procedure and thus a barium meal and follow through was ordered.

Adhesional subacute small bowel obstruction was another differential.

TREATMENT

The patient underwent laparotomy. Intraoperative it was found that she had a subcutaneous incarcerated parastomal hernia containing viable stomach and small bowel loops. The hernial sac contents were reduced back into the peritoneum and the abdominal wall defect was repaired using the open sombrero repair technique with a 25/20 cm Parietex and 6/11 cm wrapped prolene mesh.

OUTCOME AND FOLLOW-UP

Unfortunately, the patient developed purulent collections in the subcutaneous plane around the mesh. The parietex mesh was removed and replaced with a physio mesh.

The patient then made an uneventful recovery and was discharged 10 days later.

DISCUSSION

The incidence of parastomal herniae has been reported to be between 0 and 48.1 per cent depending on the type of stoma and the length of follow-up.¹ No technical factors related to the construction of the stoma have been shown to prevent herniation.² Contents of hernia sac may include omentum, small bowel and colon. Stomach may appear in the parastomal hernia sac very rarely. A MEDLINE database search revealed only one other reported case. The hernial sac may lie within the attenuated layers of the abdominal wall (interstitial parastomal hernia), may course subcutaneously adjacent to the stoma (subcutaneously hernia) or, in some, may become entrapped in a prolapsed segment of intestine (intrastomal hernia).

Learning points

- ▶ The development of parastomal hernia following stoma formation is relatively common.
- ▶ In most cases, hernial sac contents are small bowel or omentum.
- ▶ The presence of the stomach into a hernial sac must be considered in cases where a hernia is identified and gastric outlet obstruction is suspected.

Competing interests None.

Patient consent Obtained.

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