

33 - Title: Strangulated Perineal Hernia in the APR Patient: A Case Report

Author(s): Aleksandr Krichmar MD

Faculty Mentor(s): Paula Denoya MD

Background: 75 year old female with a past medical history of rectal cancer necessitating APR in Feb 2022 who presented with five days of no colostomy output and multiple days of nausea, vomiting and increasing pain at the site of a known perineal hernia. Patient reported that the hernia typically reduces but has not been able to reduce today. CT imaging showed a loop of small bowel extending into the perineal hernia with prominent upstream dilation and wall thickening. Patient underwent emergency surgery with exploratory laparotomy, resection of a loop of strangulated necrotic small bowel, and omental patching of hernia defect with suture. This case report highlights a rare post operative complication of APR without clear consensus as to the type of repair that should be performed in the setting of strangulated perineal hernias.

Methods/Research Design. : Case Report

Results (or Preliminary Results, as applicable for a project in progress):

Conclusion (or Preliminary Conclusion, as applicable for a project in progress): There are few reports in the literature regarding operative management of strangulated perineal hernias and they vary in the technique used in the emergency repair setting. Our case demonstrates the use of omental flap in emergency repair as a viable short-term option with more definitive repair down the line.