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BRIDA DEL MESO A ÚTERO COMO CAUSA DE HERNIA INTERNA QUE GENERA OBSTRUCCIÓN INTESTINAL DE ÍLEON EN UNA PACIENTE SIN ANTECEDENTES DE CIRUGÍA ABDOMINAL PREVIA. REPORTE DE UN CASO.

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RESUMEN

La obstrucción intestinal por bridas, adherencias y hernias internas en pacientes de edad avanzada, genera una alta morbilidad y mortalidad por lo que su diagnóstico y tratamiento debe ser rápido y oportuno para prevenir el estrangulamiento, la isquemia y la necrosis de las asas intestinales. La obstrucción del intestino delgado es una de las emergencias más frecuentes en la cirugía general y las adherencias postquirúrgicas son la principal causa, seguido de las hernias internas y las neoplasias. En algunos casos los pacientes pueden no tener antecedentes de cirugía abdominal y la obstrucción podría deberse a procesos inflamatorios, intususcepciones, cuerpos extraños, atresias y estenosis. La tomografía computarizada (TC) se ha convertido en la modalidad de mayor rendimiento para el diagnóstico de las obstrucciones intestinales por su alta sensibilidad y especificidad. El tratamiento conservador podría beneficiar a aquellos pacientes sin signos de peritonitis y en ausencia de isquemia intestinal o de perforación en los estudios de imagen. Aunque la laparotomía es el enfoque más utilizado en los casos que requieren tratamiento quirúrgico, el abordaje laparoscópico, en algunos casos seleccionados y cuando es realizado por cirujanos entrenados, presenta una alta probabilidad de éxito. Presentamos el caso de una paciente que ingresó al servicio de urgencias con cuadro clínico de obstrucción intestinal, la serie de abdomen agudo reveló asas intestinales dilatadas y en la laparotomía exploratoria se evidenció brida del meso a útero que

causaba hernia interna generando obstrucción intestinal de íleon. La paciente no tenía antecedentes de cirugía abdominal previa.

Palabras claves: bridas, adherencias, hernias internas, obstrucción intestinal, necrosis, laparoscopia, laparotomía.

ABSTRACT

Intestinal obstruction due to flanges, adhesions and internal hernias in elderly patients generates high morbidity and mortality, so its diagnosis and treatment must be prompt and timely to prevent strangulation, ischemia and necrosis of the intestinal loops. Small bowel obstruction is one of the most frequent emergencies in general surgery, and postsurgical adhesions are the main cause, followed by internal hernias and neoplasms.

In some cases, patients may have no history of abdominal surgery, and the obstruction could be due to inflammatory processes, intussusceptions, foreign bodies, atresias, and stenosis. Computed tomography (CT) has become the highest performing modality for the diagnosis of intestinal obstructions due to its high sensitivity and specificity. Conservative treatment could benefit those patients without signs of peritonitis and in the absence of intestinal ischemia or perforation on imaging studies. Although laparotomy is the most widely used approach in cases requiring surgical treatment, the laparoscopic approach, in selected cases and when performed by trained surgeons, has a high probability of success. We present the case of a patient who entered the emergency department with a clinical picture of intestinal obstruction, the series of acute abdomen revealed dilated intestinal loops, and an exploratory laparotomy revealed a meso-uterine flange that caused internal hernia, generating intestinal obstruction of the ileum. The patient had no history of previous abdominal surgery.

Key words: flanges, adhesions, internal hernias, intestinal obstruction, necrosis, laparoscopy, laparotomy.

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