Mechanical Small Bowel Obstruction Secondary to Partial Uterine Ventrofixation

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Clinical Image

We report a case of a 41 year-old female who relates a history of 48 h of intense lower abdominal pain, nausea, and no vomiting. On examination, she was afebrile with distended, tender abdomen without obvious hernias. She had a C-section 6 years prior. Laboratory investigations were within normal range. Abdominal CT scan suggested mechanical small bowel obstruction. We elected to perform an urgent laparoscopic exploration. We discovered 10 cm of ileum strangled through a defect between the anterior wall of the uterus and the anterior abdominal wall. The segment of ileal bowel loop was congested but regained its viability 5 min after release. A fluorescence angiography with the EleVision™ IR platform (Medtronic) was used to estimate bowel perfusion and no intestinal resection was required. The patient had a satisfactory postoperative evolution and was discharged on the 3rd day.

Figure 1: A fluorescence angiography with the EleVision™ IR platform (Medtronic).