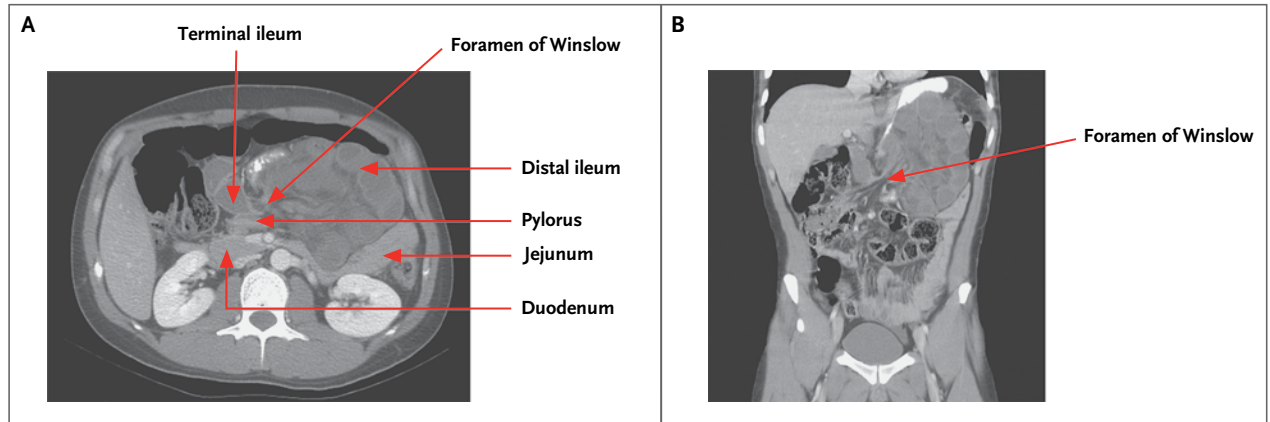


IMAGES IN CLINICAL MEDICINE

Hernia through the Foramen of Winslow



A 28-YEAR-OLD MAN PRESENTED WITH INTOLERABLE EPIGASTRIC PAIN after eating dinner. The pain was sudden in onset and accompanied by bilious vomiting. The physical examination revealed local tenderness over the left upper quadrant of the abdomen, with guarding. Contrast-enhanced computed tomography (CT) showed the terminal ileum (Panels A and B, arrows) herniating through the foramen of Winslow. The CT images also revealed that the stomach was compressed by small bowel loops, with wall thickening. The patient underwent an emergency laparotomy. Among the internal hernias, the hernia through the foramen of Winslow is rare and easily overlooked. Delayed diagnosis can result in ischemic bowel and severe sepsis. Risk factors for foramen of Winslow hernia include long small-bowel mesentery, a mobile cecum and ascending colon, an elongated right hepatic lobe, and a large foramen of Winslow. In this patient, the nonviable segment of the bowel was resected and the incarcerated intestine was reduced. The postoperative period was uncomplicated and uneventful.

Wen Cheng Huang, M.D.
Chih-Yuan Fu, M.D.

Wan Fang Hospital
Taipei Medical University
Taipei, Taiwan

DOI: 10.1056/NEJMicm1112142

Copyright © 2012 Massachusetts Medical Society.