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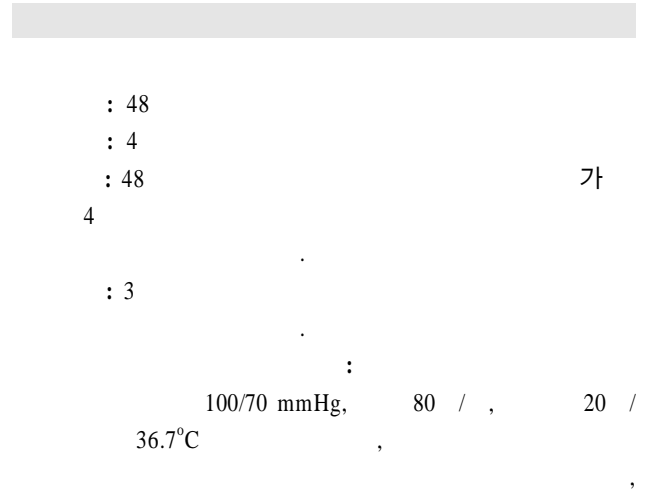
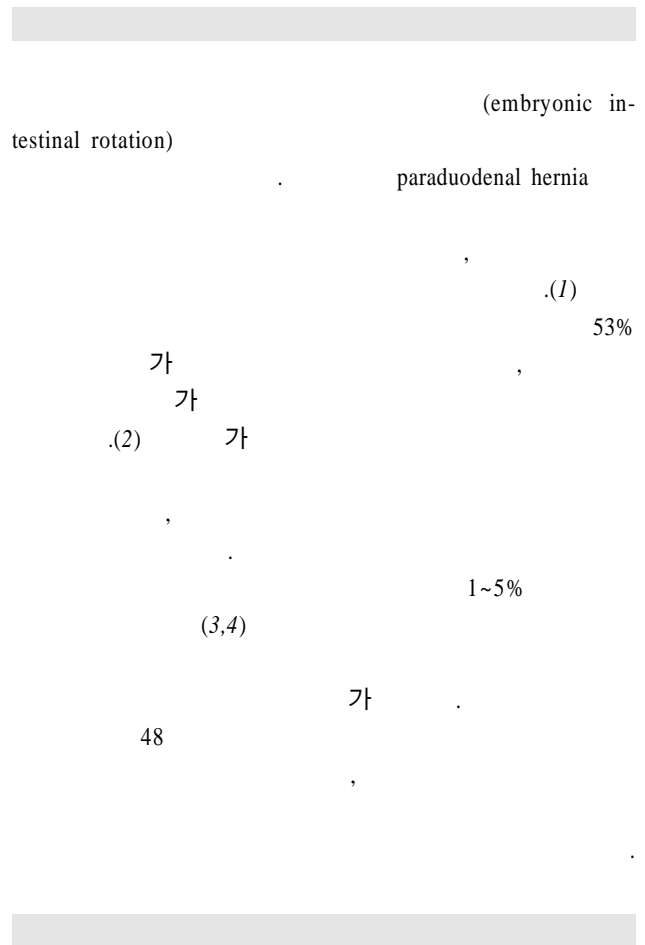
Perforated Cecal Diverticulitis with Right Mesocolic Hernia

Seung Hye Choi, M.D., Joon Kyoung Sung, M.D., Jong Kyung Park, M.D., Sang Seob Yun, M.D. and Seong Lee, M.D.

Mesocolic hernias are rare congenital anomalies resulting from abnormalities in the intestinal rotation during embryonic development, and comprise approximately 53% of all congenital internal hernias. A right mesocolic hernia is formed by the arrest of further rotation of the prearterial segment of gut in the right side of the abdomen, with continued rotation of the postarterial segment, during the second stage of embryonic intestinal rotation, leading to the entrapment of almost the entire small bowel behind the right colonic mesentery. The condition may be discovered incidentally during at laparotomy, or may be the cause of an acute small bowel obstruction. Cecal diverticulitis is a rare disease, whose symptoms are similar to acute appendicitis. It is difficult to diagnose the two diseases accurately prior to operation. We report on a 48-year old man, who had perforated cecal diverticulitis and an incidental right mesocolic hernia, with a review of the literature. (*J Korean Surg Soc* 2003;64:353-357)

Key Words: Mesocolic hernia, Internal hernia, Cecal diverticulitis

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: 48
 : 4
 : 48 가
 4
 : 3
 :
 100/70 mmHg, 80 / , 20 /
 36.7°C

가 (Fig. 3). 11

11.4 g/dl, 33.1%, 374,000/mm³, 0.6~5.8% , (5-7)
 13,800/mm³ 가 가
 FBS
 166 mg/dl, Potassium 3.4 mEq/L 가
 : X
 가 가 (Transomental hernia), (5,8)
 가 가 (paraduodenal mesocolic hernia), Foramen of Winslow hernias, (Transmesenteric hernia)
 (Fig. 1A). , horseshoe kidney가 (Fig. (Paracecal hernia) , (broad ligament) (falciform ligament) (5,9,10)
 1B), (Fig. 1C). 가
 : 50% , 가
 0.5% , 가 (2,11,12)
 1923 Andrews가
 .(13)
 (ileocecal valve) 20 cm , (1,14) , 2/3
 가 (Fig. 2). .(11)



Fig. 1. Abdominal CT findings. (A) Abscess with localized free air collection (arrow), wall thickening of adjacent ascending colon, and inflammatory change of omentum are seen in RUQ of abdomen. (B) Horseshoe kidney is noted. (C) Most of small bowel loop (arrow) is located in right side of abdomen.

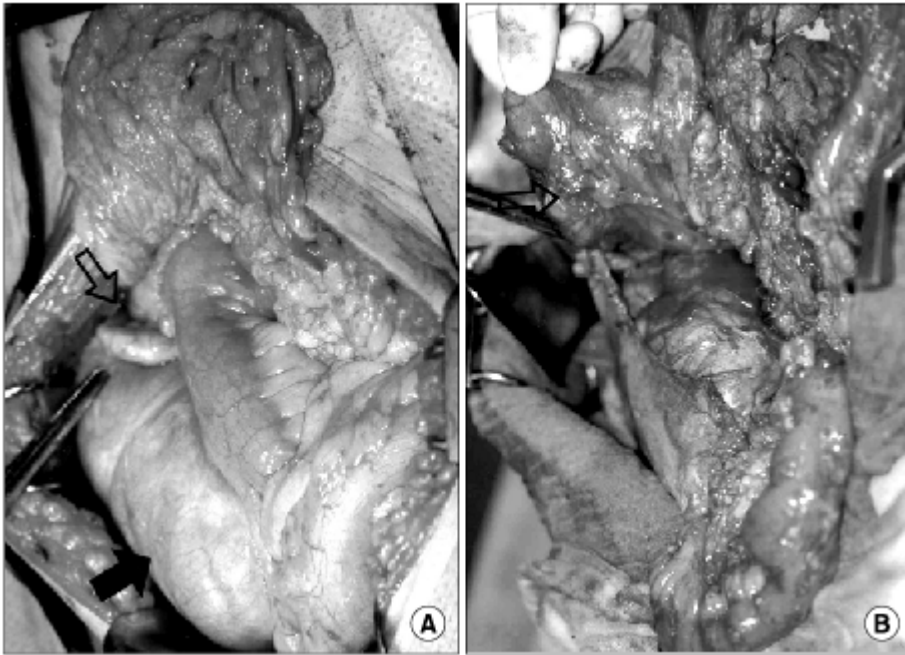


Fig. 2. Operative findings. (A) Cecum and appendix (white arrow) were inflamed and located in RUQ of abdomen and inflammatory omentum was adhered into cecum and mesocolon. The hernia sac (black arrow) is seen at posterior and inferior abdominal cavity of right colon. (B) After dissection of omentum and right colon, there was abscess in the mesentery of cecum (arrow).

(5,8) 4
 (dorsal mesentery)
 (superior mesenteric artery)
 (midgut)
 (prearterial segment) (cephalic limb)
 (caudal limb)
 (jejunum) (ileum)

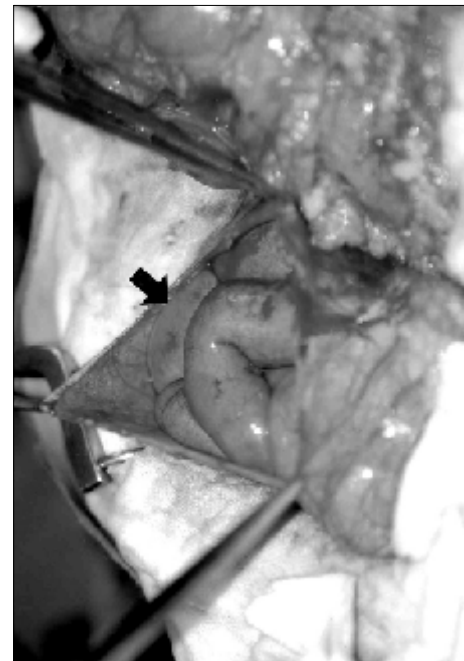


Fig. 3. Operative finding: Most of small bowel (arrow) is found in sac after opening of the hernia sac.

2

(entrapment) (1,5)
 가 3:1

30~40
 50%가

(5,15,16)

(17)

가

가

(2)

가

가
가

(1,8,18)

(5)

가 가

가

(18)

1912 Potier(19)가

1968 (20) 4

(21,22)

S

가 S
30 가 ,
가 가 , 80%가
, 30~) 가
37 42 , 가 3:1

가 65~95% ,
24 , ,

가
. 33~50%

가
가
가

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