

Ilio adnexal knotting- A case report

Abstract

Ilio- adnexal knotting is one of the rarest causes of intestinal obstruction. In fact, we have yet to find a single paper describing the phenomenon. The commonly (common in its relative sense) described types of knottings are Ilio-Ileal, Ilio-sigmoid and Ilio-cecal, which can cause acute abdomen and intestinal obstruction.

Keywords: Ilio- adnexal knotting, Abdomen, Amenorrheic, Abdomino-pelvic mass, Ovarian tumor, Anemia

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Introduction

Ilio adnexal knotting is a very rare type of knotting as a cause of acute abdomen which we didn't find any case report of such a finding in the literatures we searched on line.

Case report

A 50 years old para XI lady who is amenorrheic for the last 10 years, presented with dull aching type of lower abdominal pain of 03 years duration. For this she didn't seek medical attention till the day of presentation to our hospital. She started to have worsening of the lower abdominal pain associated with vomiting of ingested matter of 02 days duration, and referred from Kuyu hospital as a case of Abdomino-pelvic mass? ovarian tumor and anemia other wise

- i. She has no history of fever
- ii. She has no history of vaginal bleeding
- iii. She has no history of urinary complaint
- iv. She has no history cough
- v. She has self or family history of breast disease
- vi. She has no history of prior gynecologic surgery
- vii. She had all her prior delivers at home and it was uneventful
- viii. She is married and a housewife

Upon physical examination she was acutely sick looking vital sign were unstable B/P -80/40 PR-124 RR-32 T0-36.4 on HEENT she has pale conjunctive non icteric sclera and dry buccal mucosa, the respiratory and cardio vascular system is unremarkable on abdominal examination there was a 16 weeks sized abdomino-pelvic mass has both direct and rebound tenderness more on the lower abdomen positive sign of fluid collection. On genitourinary system examination there was mild cervical motion tenderness, and right adnexal tenderness, on musculoskeletal and Integumentary system examination there was no remarkable finding, she was conscious and oriented. With the assessment of acute abdomen secondary to Adenaxal Torsion she was taken to the OR after she was resuscitated.

Intraoperative finding was right adnexal solid mass measuring

10cm by 12cm with the knotting of the distal segment of the ilium on it with gangrenous distal 15cm from the ilio-cecal valve with dusky appearing adnexal mass what was done was adenectomy was done and the knot untied and total abdominal hysterectomy was done surgical side consulted intraoperatively and distal ileal resection and ilio transverse anastomosis was done.

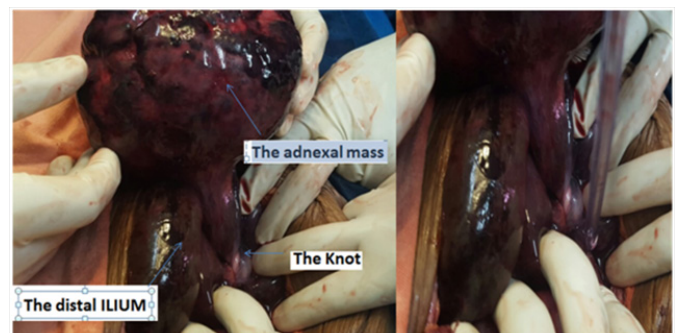


Figure 1 The dusky appearing adnexal mass with the torsed distal ilium on the pedicle.

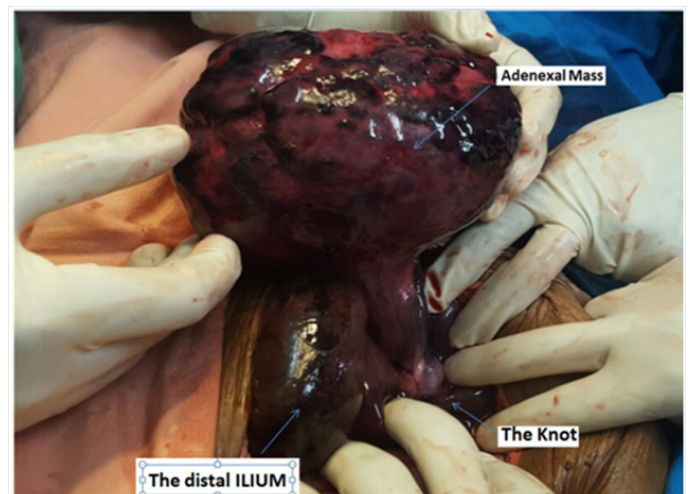


Figure 2 The adnexal mass the gangrenous distal ilium and the knotting in one plane.

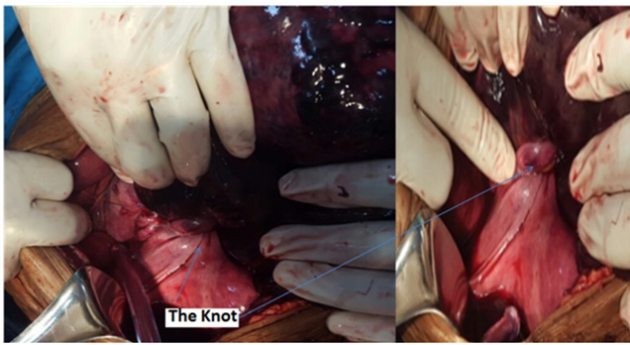


Figure 3 The closure look of the knotting anteriorly and posteriorly.

Acknowledgments

None.

Conflicts of interest

None.

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