

DOI: 10.21767/2575-7733.10000128

## Extraperitoneal Transvaginal Enterocoele

Edgar Vargas-Flores<sup>1\*</sup> and Diana Isabel Perez-Galeana<sup>2</sup>

<sup>1</sup>Department of General Surgery, Hospital General de Zona 5, IMSS, Nogales, Sonora, Mexico

<sup>2</sup>Department of General Surgery, Hospital de Especialidades, Centro Médico Nacional La Raza, Mexico City, Mexico

\*Corresponding author: Edgar Vargas-Flores, Department of General Surgery, Hospital General de Zona 5, IMSS, Nogales, Sonora, Mexico, Tel: +(631) 313-59-85; E-mail: eddgar868@gmail.com

Rec date: Dec 12, 2017; Acc date: Dec 14, 2017; Pub date: Dec 16, 2017

Citation: Vargas-Flores E, Perez-Galeana DI (2017) Extraperitoneal Transvaginal Enterocoele. J Clin Gastroenterol Hepatol Vol.1 No.4: i28.

### Clinical Image

Enterocoele is a condition occurring in women only and is defined as a hernia of the Pouch of Douglas. It usually contains small bowel, omentum or both. Although a posterior enterocoele is by far the most frequently seen, lateral and anterior enterocoeles also have been described [1]. In this case we present a 71-year-old woman admitted to our general surgery service complaining of having a bulge in her genitalia (**Figure 1**). Past medical history was relevant for a surgical intervention of an abdominal hysterectomy 2 days ago. On physical examination, small bowel loops were protruding through the vagina. Urgent surgical intervention was performed finding a 5-cm gap at the vaginal vault which was closed with non-absorbable suture (with the small bowel previously reintroduced into the abdominal cavity). There was no need for small bowel resection. The patient had an uneventful recovery.



Figure 1 Enterocoele.

### References

1. Holley RL (1994) Enterocoele: A review. *Obstet Gynecol Surv* 49: 284-293.