Laparoscopic Management of Small Bowel Obstruction: An Unusual Case of Mechanical Obstruction Due to Appendiceal Adhesions

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Abstract: Adhesive small bowel obstruction (ASBO) is usually managed conservatively. Failed conservative management leads to operative intervention by an open approach. However, laparoscopic management of ASBO is increasingly being reported in the literature. We report an unusual case of ASBO secondary to a band from the appendicular tip which was managed laparoscopically. Case Description: This patient was a 61-year-old female, otherwise fit and healthy, presenting with abdominal pain and mild distension with vomiting of 3 days duration. She had undergone ultrasound-guided drainage of an appendicular abscess three months ago and laparoscopic right inguinal hernia repair (TEP) in the past. CTAP showed small bowel obstruction with a transition point in the pelvis and the possible cause being adhesions. She was initially managed conservatively; however, as she was not improving for two days, she was consented to diagnostic laparoscopy. Intraoperatively, an adhesive band was found between the appendicular tip and distal ileum around 100cm proximal to the ileocolic junction, resulting in mechanical bowel obstruction. Laparoscopic division of band was performed, followed by appendicectomy, and the patient had an uneventful recovery and was discharged on postoperative day 1. Conclusion: In highly selected patients and with appropriate expertise, laparoscopic management of ASBO is feasible and safe.

Keywords: bowel obstruction, adhesions, laparoscopy, open procedure

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