Objective
To expose an infrequent cause of colon perforation.

Materials and Methods
Case handled by our service and bibliographic review.

Clinical Case
A 65-year-old woman with controlled hypertension, with a history of gynecological surgery: Hysterectomy with adnexectomy, pelvic lymphadenectomy, appendectomy and omentectomy, for uterine body neoplasia (anatomopathological analysis reported Serous Papillary Carcinoma). The patient presented pain and abdominal distension, fever, tachycardia and analytical elevation of acute phase reactants at 36 hours postoperatively. Abdominal computed tomography was performed in which the presence of extraluminal gas (pneumoperitoneum) was observed (Figure 1). We carried out an open approach identifying segmental ischemia of the colon circumscribed to the transverse colon (Figure 2); we carried out resection of this segment and manual anastomosis, favorable postoperative course, with discharge to the 8th day post-reoperation [1-8].

Discussion
Ischemic lesion of the transverse colon of iatrogenic origin is an infrequent entity, although with a high morbimortality. The radiological test of choice is the abdominal computed tomography (CT), the surgical technique will depend on the intraoperative findings. The presence of this complication is a representative example of the importance of correct identification of anatomical planes between the omentum and the transverse mesocolon, quite possibly the segmental ischemia presented by this patient corresponds to an inadvertent vascular lesion of the middle colic artery.

References


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