

## Clinical Imaging

# Diagnostic feature of imaging for hernia through the foramen of Winslow

A 51-year-old woman presented with acute onset of epigastric pain. The physical examination revealed local tenderness in the upper abdomen without voluntary guarding. Laboratory tests were within normal limits except for neutrophilia of 16,100/ $\mu$ L.

Contrast-enhanced computed tomography (CT) on admission showed a portion of edematous small intestine without imaging effect, lodged between the inferior vena cava and portal vein, which is a characteristic feature of herniation through the foramen of Winslow (Fig. 1). A potential opening of the foramen of Winslow is a vertical slit of approximately 3 cm located anterior to the inferior vena cava and posterior to the hepatoduodenal ligament including portal vein.<sup>1</sup> Therefore, the symptom of epigastric pain and radiological findings mentioned above strongly indicate herniation of the foramen of Winslow. The patient underwent an emergency laparotomy and the necrotic ileum by strangulation was found in the foramen of Winslow. After surgery, she was discharged without any complications. Foramen of Winslow hernias are rare as they make up only 8% of all internal hernias.<sup>2</sup> As its clinical presentation is generally non-specific,

diagnosis would be difficult. The specific imaging finding shown here might be helpful to diagnose this disease.

## DISCLOSURE


Approval of the research protocol: N/A.

Informed consent: Written informed consent was obtained from the patient.

Registry and the registration no. of the study/trial: N/A.

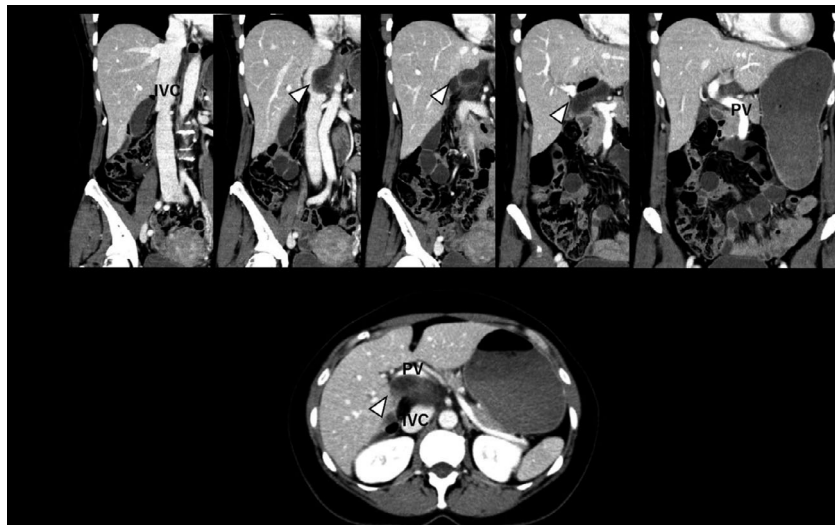
Animal studies: N/A.

Conflict of interest: None.

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**Fig. 1.** Contrast-enhanced computed tomography (CT) scan of the abdomen of a 51-year-old woman with hernia through the foramen of Winslow. Upper images show contrast-enhanced CT scans of the abdomen, coronal section. Images are arranged sequentially with the far-left picture the most dorsal. Lower image shows contrast-enhanced CT scan of the upper abdomen, axial section. The small intestine (arrowheads) was observed anterior to the inferior vena cava (IVC) and posterior to the portal vein (PV).

## REFERENCES

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- 2 Martin LC, Merkle EM, Thompson WM. Review of internal hernias: radiographic and clinical findings. *AJR Am. J. Roentgenol.* 2006; 186: 703–17.