A rare case of obstructed incisional hermia: a case report

Dr Hitesh Bhadu(1), Dr Dhairya shah(2), Dr Jatin G Bhatt(3), Dr J G Vagadia(4)
1.1st Year Resident, 2.3rd Year Resident, 3.Head of Department, 4.Associate Professor
Department of General Surgery,PDUMC Rajkot

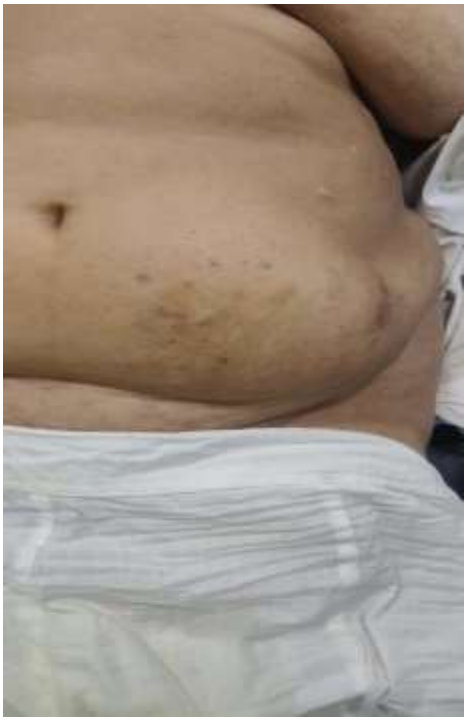
Introduction

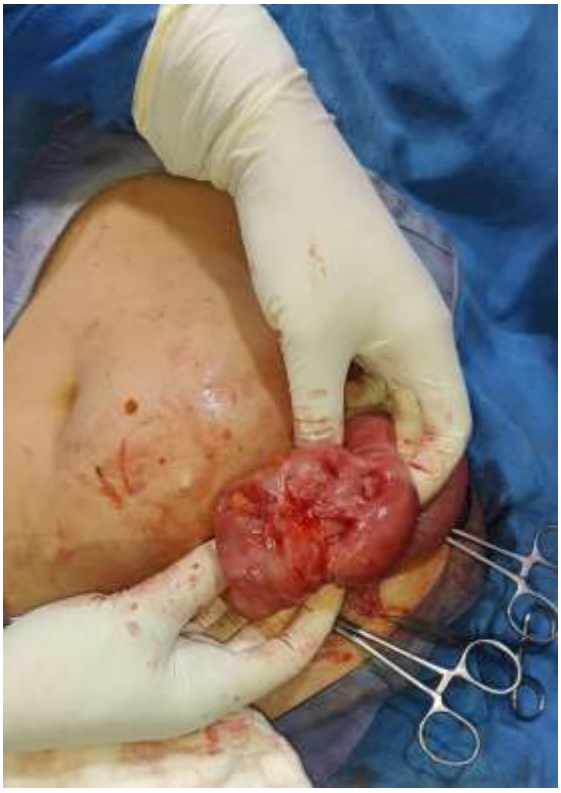
Incisional hernias appear at the site of previous surgical incision site.Midline incisional hernias are most common ones.Incisional hernia may develop complications like incarceration,bowel obstruction or strangulation.Incisional hernias present as a small bulge at the site of incision which usually increases in size over time.Incisional hernia occurrence is affected by technical factors and patient factors.Despite so many technical advances the rate of incisional hernias are 15-20% in post laparotomy cases in both males and females[1]. Incisional hernia causes discomfort as they grow, limiting patients' ability to work and participate in other physical activities. Cosmetic issues may also arise.Incisional hernia repair is done using open or laproscopic techniques but recurrence rate ranges from 10-50% cases.Recurrence is more common in patients with old age,comorbidities and obesity[2].

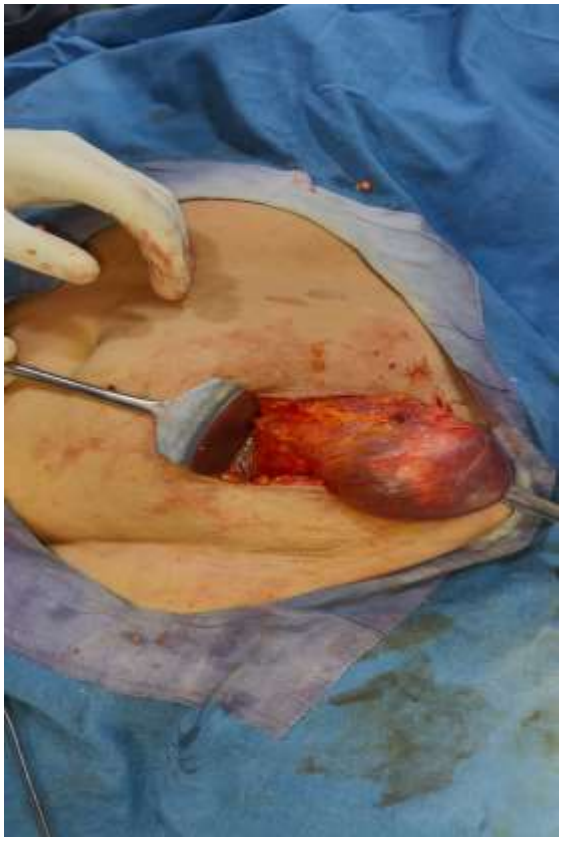
Case report

A 59yr female patient presented to emergency room with an abdominal swelling associated with pain since 2 days with multiple episodes of vomiting.Patient gave history of swelling since last 2 months which was gradually increasing in size over time.Patient gave history of left side laproscopic adrenalectomy 5years back for left adrenal adenoma with myolipoma.Patient is known case of hypertension since 5 years on regular medications.Patient gave history of abdominal hysterectomy 15 years back. On examination patient was vitally stable. On local examination approx 8cm x 6cm globular irreducible swelling noted over left lumbar and iliac fossa.A healed oblique scar of 5cm noted over the sweliing. No cough impulse noted. Skin over the swelling appear normal.Swelling became prominent on straining. On per rectal examination soft stool was present.

All the blood investigations were within normal range.
An abdominal ultrasound showed 4cm gap defect in anterior abdominal wall in left iliac fossa through which herniation of bowel loops noted with proximal dilatation of bowel loops suggestive of ventral hernia with subacute GI obstruction.
Contrast enhanced CT showed approx. 46mm x 38mm gap defect in left pararectal region through which herniation of omentum and bowel loops noted. Herniated bowel loops appear collapsed with dilatation of proximal bowel loops suggestive of left lateral ventral hernia with changes of small bowel obstruction.
Exploratory laparotomy was performed through left iliac incision.On exploration approx. 10cm x 8cm hernia sac was found over left iliac fossa. After opening the hernia sac small bowel loops densely adherent to each other was present. Around 15cm length of small bowel loops were resected and ileoileal anastomosis was performed. Approx 5cm x 5cm gap defect was noted in left side external oblique muscle which was repaired and 15cm x 15cm prolene mesh was used to cover the defect







Discussion

Incisional hernia is a common complication of open laparotomies and abdominal surgeries and is a source of significant morbidity and mortality in patients, especially those with significant comorbidities. Recurrence rates vary between as high as 49% in cases of open suture repair of IH and 10% in cases of open mesh repair[3]. Small bowel obstruction post-recurrence is a known complication of open incisional hernia repair, possibly due to the presence of adhesions.

Adrenal adenomas are found in approximately 54% of them. Adrenal adenomas are associated with a high degree of occurrence of adverse cardiovascular events as well as the presence of atherosclerosis, hypertension, and diabetes mellitus, as seen in this patient[4].

Conclusion

We presented a case of 59year female known case of hypertension and previously operated for left adrenal adenoma[left adrenalectomy] presented with obstructed incisional hernia over the left iliac region. Obstructed incisional hernia cases are fairly common are treated successfully. What made this case rare was due multiple factors

coexisting together as adrenal adenoma, interbowel adhesions in a patient of hypertension.

Conflict of interest
None

Funding
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