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Original Research Paper

General surgery

SPONTANEOUS RUPTURE OF INCISIONAL HERNIA : A Case Report

Pedada Rakesh* Post graduate, KIMS&RF, AMALAPURAM, *Corresponding Author

Penugonda Veera reddy Post graduate, KIMS&RF, AMALAPURAM,

Malli Thejadeep Post graduate, KIMS&RF, AMALAPURAM,

ABSTRACT Incisional hernia also known as postoperative ventral abdominal wall hernia , is a result of failure of fascial tissues to heal and close following abdominal wall incision. The highest incidence is seen in midline incisions. Spontaneous rupture of a hernia is very rare and usually occurs in incisional hernia. It is a potentially fatal but preventable clinical condition demanding emergency surgery. . Delay in seeking prior surgical treatment for incisional hernia was also a contributing factor. Rupture of abdominal hernia demands emergency operation to prevent further obstruction , strangulation of bowel and cover its contents to prevent fistulisation.

KEYWORDS : Incisional hernia, spontaneous rupture ,ventral hernia, risk factors

INTRODUCTION:

Incisional hernia also known as postoperative ventral abdominal wall hernia , is a result of failure of fascial tissues to heal and close following abdominal wall incision. The highest incidence is seen in midline incisions. Incidence of incisional hernia ranges from 2 to 11% in modern surgery. The incidence of incisional hernia following cesarean section by vertical incision is 3.1 %. There are only 9 reported cases of spontaneous rupture of incisional hernia as stated by a journal presented in 2017. Spontaneous rupture of a hernia is very rare and usually occurs in incisional hernia. It is a potentially fatal but preventable clinical condition demanding emergency surgery.

CASE REPORT:

A 48 year old female presented to opd at 1pm , with c/o rupture of swelling over abdomen while passing stools at 5.am , with protrusion of bowel loops per abdomen. History of constipation present. . History of cough present. No history of vomiting / fever. No history of pain . She developed incisional hernia following LSCS since 13 years . She was advised surgery for incisional hernia in the past but refused to undergo the same. Past surgical history – history of two ceasarean sections done 15 years back , history of VP shunt done before 3 years.

On general examination , she was afebrile with normal hemodynamic status. On examination of the abdomen about 30cm of bowel loops was present extra abdominally , protruding through infra umbilical scar .

Emergency surgery was planned and patient was shifted to operation theatre. Around 30 cm of terminal ileum was seen protruding extra abdominally with congestion and edema of bowel through defect size of around 4cm. Multiple omental adhesions to previous scar tissue was present. A constricting band around loops of terminal ileum , protruding extra abdominally was noted , the band was incised . Bowel was packed with warm saline mops and high flow oxygen was given . After confirming bowel viability and peristalsis , the contents were reduced back into cavity. Rectus sheath was delineated all around and defect was closed in 2 layers with 1 prolene in horizontal mattress and continuous manner .Drain placed and abdomen closed in layers after securing hemostatis.

Drain was removed on pod 4 and sutures were removed on pod 7. Patient developed surgical site infection on pod 12 , around 10ml pus was drained from suture site . Patient was managed conservatively using antibiotics and daily dressings were done. Wound healed.Patient was followed up after 3 months and 6 months, patient was asymptomatic

DISCUSSION:

Incisional hernia is itself an complication of an previous surgery . Complications of incisional hernia such as adhesions , incarceration of bowel and intestinal obstruction are documented but spontaneous rupture of incisional hernia is very rarely reported in literature.

Spontaneous rupture of hernia can occur in any hernia but is more commonly associated with incisional hernia , and incisional hernia following caesarean section by vertical incision is more common.The large incisional hernia is contained only by its sac and thin atrophic avascular skin. Higher chances of rupture are present in larger incisional hernias. Neglect of early operative intervention or delay in seeking treatment for incisional hernia increases risk of complications such as rupture . The rupture may be sudden following any event which increases the intra abdominal pressure or it may be gradual after developing an ulcer at fundus.

In our case rupture of incisional hernia occurred because of sudden increase in abdominal pressure while straining at defaecation and she has h/o cough since 2 days , which could have also been an aggravating factor . Delay in seeking prior surgical treatment for incisional hernia was also a contributing factor. Rupture of abdominal hernia demands emergency operation to prevent further obstruction , strangulation of bowel and cover its contents to prevent fistulisation.

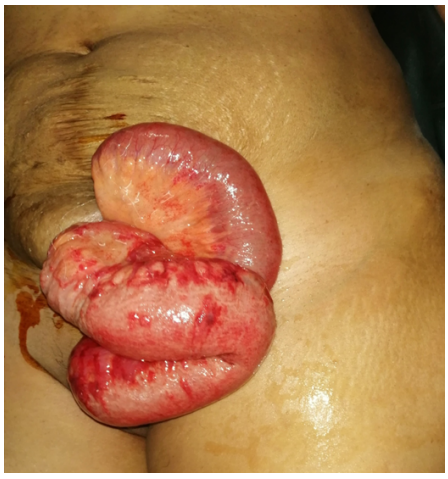
The hernia contents can be reduced and mesh repair can be done in case of minimal contamination. In this case , rupture of hernia occurred at 5am , patient presented to opd at 1pm and patient was shifted to operation theatre at 5pm . The bowel was exposed extra abdominally for around 12 hours , and patient tied an unsterile cloth over the bowel and presented to us. Suspecting infection and to avoid mesh contamination , we have done primary of closure of defect in 2 layers.

CONCLUSION:

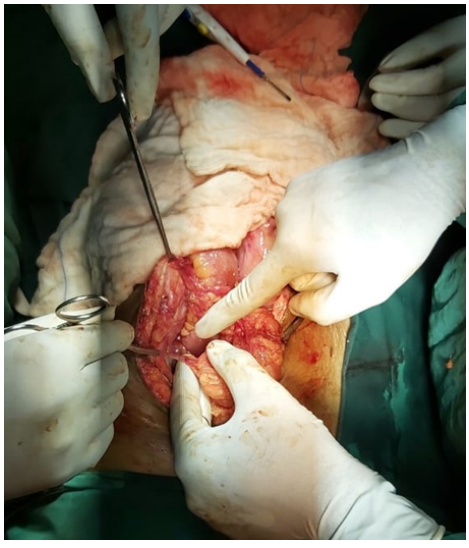
Spontaneous rupture of abdominal hernia is a very rare complication and it usually occurs in incisional hernia . The rupture of abdominal hernia demands emergency surgery. This case is presented for its rarity and to emphasize the need

for early operative intervention to prevent this avoidable rare complication of incisional hernia.

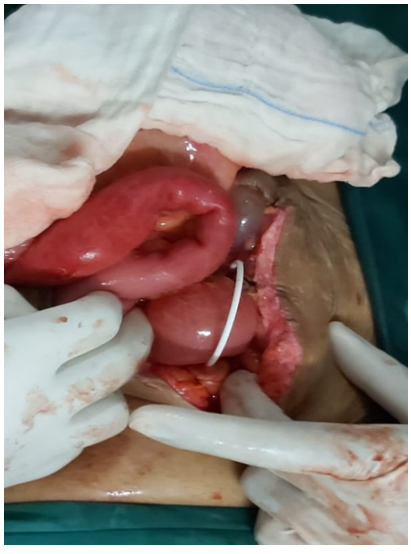
IMAGES:



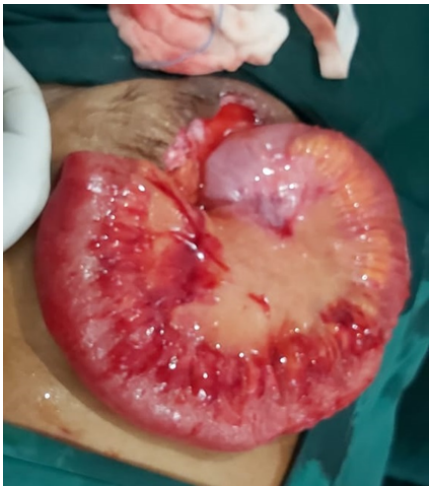
Presentation Of Patient With Around 30 Cm Of Bowel Loops Extra Abdominally , The Bowel Loops Appear Congested And Edematous.



Adhesions Between Omentum And Previous Scar Tissue.



This Picture Shows The Vp Shunt In Peritoneal Cavity.



After Giving High Flow Oxygen And Keeing Warm Saline Mops , The Bowel Loops Were Viable And Hence Contents Reduced Without Need For Resection Anastomosis.

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