

GRYNFELTT-LESSHAFT HERNIA: TYPE OF LUMBAR HERNIA

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ABSTRACT

Grynfeltt–Lesshaft hernia is a type of lumbar hernia in the superior lumbar triangle. Detection is mainly by CT scan. Clinical features are non specific. Therefore, lumbar hernias have been often misdiagnosed. A 65-year-old woman presented with a painful growing mass on her right lower back and dull aching pain. CT scan revealed the presence of adipose protruding through a defect measuring 28mm in the superior lumbar space.

KEYWORDS : Grynfeltt Lesshaft Hernia, Lumbar Hernia, Adipose Tissue.

BACKGROUND

Grynfeltt–Lesshaft hernia is a type of lumbar hernia located in the superior lumbar triangle. Lumbar hernias are rare hernias. Clinical diagnosis of lumbar hernias can be a challenging especially in obese or asymptomatic patients. Lumbar hernias have been frequently misdiagnosed and lead to serious complications.

The majority of the reported cases in the past were diagnosed on a CT scan. This study presents a case of successful detection of a Grynfeltt–Lesshaft hernia by CT scan.

The primary lumbar hernia was first reported in 1731 Lumbar hernias are not often seen and their clinical features are non-specific. Therefore, lumbar hernias have been often misdiagnosed and lead to delayed detection and delayed treatment.

Lumbar hernias are classified as superior and inferior lumbar hernia based on the location of the defect.⁵ Hernia in the superior lumbar triangle is also named Grynfeltt–Lesshaft hernia. The superior lumbar triangle is formed by the quadratus lumborum (medial border), the internal abdominal oblique muscle (lateral border) and the 12th rib (superior border).¹ Contents of the lumbar hernias may include retroperitoneal fat, colon, small bowel or kidney.⁶

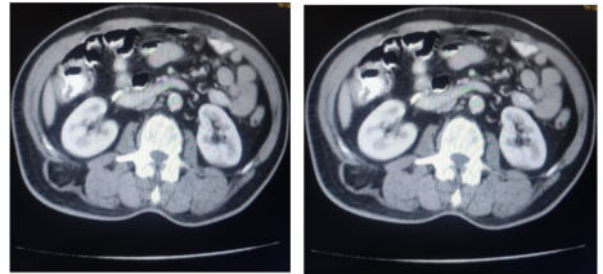
The variable signs and symptoms of the patients depend on the different hernia contents. The most common clinical presentation is swelling in the lumbar area that increases with Valsalva manoeuvre and disappears in prone position.

DISCUSSION:

A 65-year-old woman presented with a painful growing mass on her right lower back since 10 months. The pain was intermittent, dull aching pain but had become worse during the last 10 days. No history of previous procedures and trauma was reported. Abdominal Computed Tomography (CT) revealed the presence of adipose protruding through a defect measuring 28mm in the superior lumbar space also known as the Grynfeltt–Lesshaft's triangle, located in the upper posterolateral abdominal wall.

Back lumbar hernias are rare wall defects of the lumbar area [1-3], a region bound by the external oblique muscle laterally, the erector spinae muscle medially, the iliac crest inferiorly and the 12th rib superiorly [1,2]. The region is divided into two spaces, the superior one known as Grynfeltt–Lesshaft's triangle, and the inferior space, also called Petit's triangle [1-3]. Grynfeltt–Lesshaft hernias are more common [1], as the superior triangle is larger [3]. Even though the diagnosis is

clinical, CT imaging study is broadly recommended [1-3]. Its treatment remains surgical; however, the optimal technique should be selected on an individual basis



Above image depicting a 28mm defect in superior lumbar triangle with herniation of adipose tissue through it.

CONCLUSION:

Lumbar hernia has been frequently misdiagnosed as lipomas or other pathologies due to its rarity. A lumbar hernia should be included in the differential diagnosis whenever a patient presents with a lump in the back with or without other symptoms. CT is most commonly used to diagnose but also to plan the surgery. However, more detailed anatomical defects and hernia origins may be better demonstrated on CT.

Conflict of interest

There are no conflict of interest.

Declaration of Patient Consent:

Declaration of Patient Consent, the authors certify that they have obtained all appropriate patient consent forms. In the form the patient has /have given his/her/their images and other clinical information to be reported in journal. The patient understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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