



Drain Site Hernia with Omentum as Content: Case Report and Review of Literature

KEYWORDS

Drain site hernia, omentum ,previous laparotomy,rare presentation

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ABSTRACT *Hernia is a common surgical problem.They are frequently found in the inguinal, umbilical regions or through a previous incision site.But drain site hernias are rare. Intestine omentum and other abdominal viscera have been described as a frequent content of such hernias.But omentum as a content of drain site hernia is very rare. In our review of literature we found only one case series describing omentum as content in children post laparoscopy.Omentum as content of drain site hernia in adults post laparotomy has not been described by the time of publication of this case report.*

We report the case of a 38 year old male who presented with a swelling in the right lumbar region.Ultrasonogram revealed herniation of omentum through a former drain site placed after a previous laparotomy for appendicular perforation 10 years back.

INTRODUCTION: Usage of intraperitoneal drains has decreased over the past few years in view of several postdrainage complications.Few authors infact consider drains to be more disadvantageous than beneficial. Known complications are ascending infections along the tube and erosion into intra abdominal organs .Drain site hernia containing various abdominal viscera though rare has been described in individual case reports.

CASE REPORT:A 38 year old male presented with a swelling in the right lumbar region present for the past 5 years. He underwent a laparotomy for appendicular perforation 10 years back. Clinical examination showed a reducible, firm swelling with a positive cough impulse.

An ultrasonogram was done which revealed a defect of 1.5cm in the anterior abdominal wall with omentum as content. Laparotomy was done and adhesions between omentum and hernial orifice were released and defect reinforced with a non-absorbable Prolene mesh. Postop recovery was uneventful.

DISCUSSION:Numerous drain site complications have been reported so far. Drain site hernia with omentum as content is a very rare complication. Intraperitoneal drains were commonly used previously. Their use has now decreased as advantages are questionable and complications many. Patients who underwent surgeries in the past decades are now presenting with complications relating to drain placement. Obesity, surgical site infection and large size of drain have been identified as prominent risk factors.If usage of drain is inevitable after a laparotomy, insertion should be transverse through the abdominal wall. Following laparoscopy drain should be brought out through a 5mm port site.



Omentum being separated



After reduction of omentum



Prolenemesh to reinforce the defect

CONCLUSION: Use of intraperitoneal drains should be reduced to a minimum as potential complications cause significant morbidity. If definitely needed small caliber drains must be used adhering to principles of proper insertion.

CONFLICT OF INTEREST: Authors have no conflict of interest.

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