



## OBSTRUCTED TRAUMATIC RIGHT SIDED SPIGELIAN HERNIA IN A 60 YEARS OLD FEMALE – A CASE REPORT

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**ABSTRACT** A 60 year old female came to emergency with an irreducible painful swelling in right lower abdomen after history of fall. On examination we found a hard tender lump just below right arcuate line. We have done a CT scan of abdomen and it came as a obstructed parietal hernia. We did a exploratory laparotomy and reduced the hernia content.

**KEYWORDS :** Trauma; Obstructed hernia; Spigelian hernia.

### INTRODUCTION:

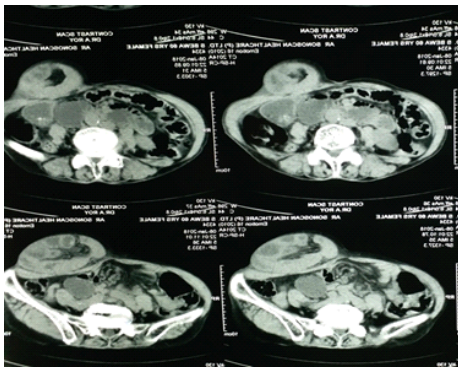
A Spigelian hernia (or lateral ventral hernia) is a hernia through the Spigelian fascia, which is the aponeurotic layer between the rectus abdominis muscle medially, and the semilunar line laterally. These are generally interparietal hernias, meaning that they do not lie below the subcutaneous fat but penetrate between the muscles of the abdominal wall; therefore, there is often no notable swelling. Spigelian hernias are usually small and therefore risk of strangulation is high. Most occur on the right side. (4th–7th decade of life). Injury to right lower abdominal wall can result obstructed spigelian hernia. CT scan can establish the diagnosis, although CT scan provides the greatest sensitivity and specificity.

Here we are presenting a case of obstructed traumatic right sided Spigelian hernia in a 60 years old female.

### CASE REPORT:

A 60 years old lady came to us with a history of fall and subsequent development of painful hard swelling in the right lower abdomen. She was also complaining of nausea and vomiting after the episode.

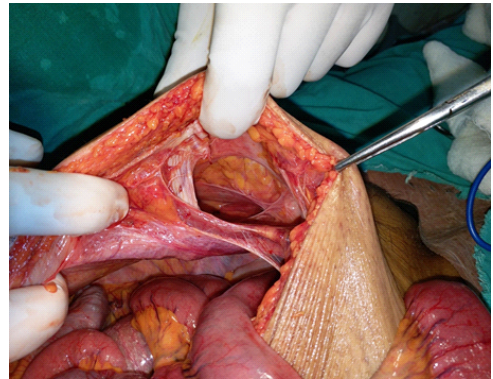
When we examined the patient, we found a tender hard lump in the right lower abdomen just around the arcuate line. It was not reducible and there was no impulse on coughing. We went for non-contrast CT scan of abdomen and it is diagnosed as obstructed parietal hernia.



We did exploratory laparotomy and found a part of jejunum was entrapped in a gap in the rectus muscle of right side.



The part of gut was viable. We reduce the hernia content and closed the rent with non absorbable suture.



We started feeding orally after 12 hours of operation and discharge the patient on 7th post operative day.

### DISCUSSION:

K.Tsalis et al reported a case of a 68-year-old man who underwent surgical treatment of intestinal obstruction for a palpable right-sided abdominal mass. The abdominal computed tomography scan revealed a small bowel obstruction with an incarcerated spigelian hernia. A mesh repair was performed by suturing the mesh to the internal oblique muscle and to the rectus sheath (1).

Spigelian hernias (SHs) are rarely observed among children. The diagnosis is not difficult to make once it has been considered. The condition requires a high index of suspicion because of its high potential for life-threatening complications (2).

These hernias should be repaired because of the high risk of strangulation (3).

Traumatic Spigelian hernia is a rare clinical entity with variable clinical presentation and requires a high index of suspicion for prompt diagnosis and the management. Delay in the diagnosis can lead to incarceration or strangulation of bowel loops and subsequent morbidity (4).

Traumatic abdominal wall hernia (TAWH) was first described by Selby (5).

Three types of traumatic abdominal wall hernia were described (by Wood et al.) according to the mechanism and size of the defect. Type I are small defects caused by blunt trauma. Type II are larger defects occurred during motor vehicle crashes. In Type III, there are abdominal wall defects with bowel loop herniation following deceleration injuries, which are extremely rare (6). CECT abdomen is the investigation of choice in evaluation of blunt trauma abdomen (7). Diagnostic laparoscopy seems to be an excellent adjunct in the management of TAWHs. In the event of a negative diagnostic laparoscopy, one can repair the hernia by the local approach and avoid unnecessary general abdominal exploration (8).

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