



EPIGASTRIC HERNIATION OF HEPATIC METASTATIC DEPOSIT- A RARE CASE REPORT.

Radio-Diagnosis

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ABSTRACT

Liver is the most common organ to present with metastatic deposits from primary malignancy in the genitourinary and gastrointestinal tract. Most metastatic liver deposits are multiple, spread throughout parenchyma of both lobes of liver and hypoechoic on ultrasound. Liver is an uncommon organ to herniate through the epigastrium, instances seen only in post-incisional cases. We are presenting a case of a sixty- five year old woman, previously operated for cancer of the cervix and now presenting with metastatic deposits in the liver, one of which is clearly herniating through the linea-alba in the epigastrium.

KEYWORDS

Liver, Metastasis, Herniation

INTRODUCTION

Ventral hernia is a bulge through an opening in the abdominal wall, allowing internal organs such as bowel to be dislocated from its original position. When herniation occurs through a prior scar, it is called an incisional hernia. These events are not uncommon, most of them presenting with bowel in the hernia sac. However, herniation of the liver through the abdominal wall is a rare occurrence(1).

Herniation of the liver through the anterior abdominal wall is an extremely rare phenomenon. Most cases of liver herniation are due to diaphragmatic hernias (either congenital among children, or traumatic at adulthood). In a minority of cases of childhood, the congenital anomaly is an abdominal wall defect with omphalocele (2).

CASE REPORT

A sixty-five year old lady presented to our emergency with complaints of pain abdomen. She had a history of total hysterectomy done for primary malignancy of the cervix ten years ago. There was no history of epigastric incision.

Ultrasound was done and we found an enlarged liver with multiple irregularly shaped lesions throughout the liver parenchyma. Few were heterogeneously hypoechoic. One round and hypoechoic lesion was seen arising from the left lobe of the liver and herniating through the anterior abdominal wall, covered by skin and subcutaneous tissue only. Other findings on the ultrasound were anterior abdominal wall hernias with omentum as contents, moderate ascites, right sided pleural effusion and a right sided simple renal cortical cyst.

An abdominal non- contrast CT scan was done which showed a polypoid lesion arising from the left lobe of liver, hypodense to the normal liver parenchyma, herniating through the anterior abdominal wall, defect size being (2cm x 0.9cm) (TR x CC)

We performed an ultrasound guided Fine Needle Aspiration Cytology for the epigastric lesion. Under microscopy we found cellular smears comprising of sheets, papillae and acini of highly bizarre hyperchromatic cells with clumped chromatin, increased N:C ratio, conspicuous nucleoli and fair amount of eosinophilic cytoplasm lying in the proteinaceous granular inflammatory background. This was found to be positive for malignant cells, probably metastatic.

DISCUSSION

Herniation of the liver or its parts through the abdominal wall is a rare phenomenon that was first described by Adeonigbagbe et al. in the year 2000. Since then, there have been few cases reported in the medical literature. Isolated incisional hernias are not uncommon with incidence rates ranging from 2% to 20% per year. Risk factors associated with the development of hepatic herniation through the abdominal wall include obesity, old age, poor nutrition, increased intra-abdominal pressure, smoking, weak abdominal wall, and

postsurgical site infection. In addition, intrinsic weaknesses of the abdominal wall and increases in intra-abdominal pressure predispose patients to develop ventral hernias and subsequently, herniation of the liver (1).

In this case we suspect old age, poor nutrition, prolonged history of malignancy, increased abdominal pressure due to hepatomegaly and ascites as the causes for herniation. Metastasis was proved with imaging and histopathological findings. We have not found any literature stating herniation of metastatic liver lesion.

CONCLUSION

Concluding our case, we report an extremely rare instance of a hepatic lesion arising from the left lobe and herniating through the abdominal wall with no history of prior incision. Our case is unique because to our best knowledge no such case has been reported till now. Early diagnosis is essential to differentiate primary malignancy of liver which is treatable as compared to the metastatic deposits which have only limited treatment options.

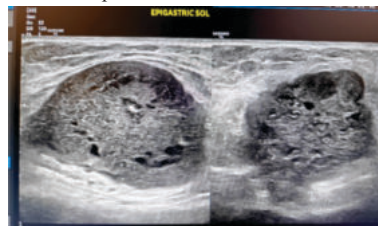


Figure 1- High resolution Ultrasound of the herniated lesion (linear probe) arising from the left liver lobe, showing irregular borders, hypoechoic heterogeneous echogenicity with few cystic spaces representing necrosis.



Figure 2 – Axial section of abdominal non contrast CT showing the herniating polypoid lesion arising from the left liver, appearing

hypodense in comparison to the rest of the liver parenchyma.

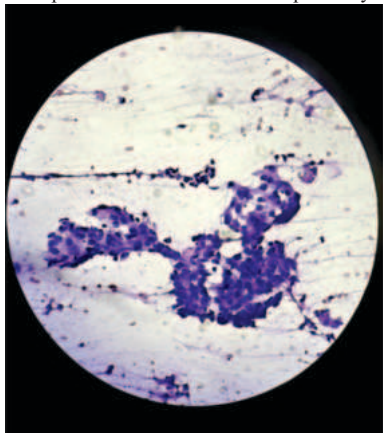


Figure 3- H&E stained smear showing sheets, papillae of highly bizarre hyperchromatic cells with increased N:C ratio, clumped chromatin, conspicuous nucleoli and fair amount of eosinophilic cytoplasm lying in a proteinaceous granular background.

REFERENCES

1. Then, E. O., John, F., Ofosu, A., & Gaduputi, V. (2019). Anterior Hepatic Herniation: An Unusual Presentation of Abdominal Incisional Hernia. *Cureus*. <https://doi.org/10.7759/cureus.4066>
2. Dufour, I., Marique, L., Valembois, T., Ghilain, A., Beniuga, G., Tinton, N., Urso, S., & Colinet, B. (2021). Ventral Primary Hernia with Liver Content. *Case Reports in Surgery*, 2021, 1–3. <https://doi.org/10.1155/2021/6698361>