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## ACUTE RIGHT ILIAC FOSSA PAIN: A RARE CASE OF INCARCERATED SPIGELIAN HERNIA



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### A B S T R A C T

*The Spigelian Hernia is rare and among it rate of incarceration is very minimal. But the use of minimal invasive technique and non invasive investigation like ultrasound and CT- scan we can diagnosed it pre-operatively, which may helpful to take emergency step to prevent complication. Here we are presenting a case of an elderly female patient who presented with acute right iliac fossa pain due to incarcerated spigelian hernia. She was operated in emergency with conventional anatomical repair.*

**KEY WORD:** Acute right iliac fossa pain ; Ultrasonography ; Incarcerated spigelian hernia.

#### INTRODUCTION:

Acute presentation of spigelian hernia is rare 10 %. It accounts for up to 20 % of all abdominal wall Hernia with incarceration rate of 17 %. It equally affects both sexes and both sides of abdomen[1].

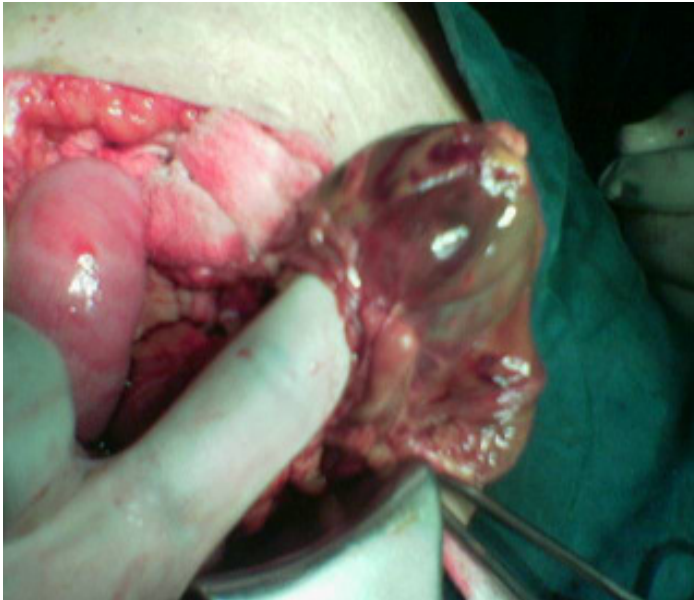
#### CASE REPORT

A 60 year old female was admitted with a twelve day history of right-iliac fossa pain and vomiting. On abdominal examination we found tender, globular, diffuse 3x3 cm. lump in right iliac fossa. As these hernias are rare, our tentative clinical diagnosis was appendicular or ovarian pathology. Routine blood tests were all within normal limits but sonography confirmed the diagnosis of spigelian hernia, with some fluid and peristaltic intestine within the sac. An emergency open surgery was done and operative finding noted that sac was interstitial and contained hemorrhagic fluid

FIG:1- ISOLATION OF SAC, NECK SEPERATED



**FIG:2 NECROSED OMENTUM  
RELEASED, WALL SEPERATED**



management due to its usual smaller size and interparietal position, it mainly occurs below umbilical level. With the use of ultrasound and CT-Scan we can diagnose it pre-operatively with ease. In 1976, Spangen reported the successful use of ultrasound in the identification of Spigelian Hernia [2,3]. In the recent era with the increasing use of Laparoscopy we are getting more number of incidences of Spigelian Hernia. The Spigelian Hernia should be treated because of the high risk of incarceration and strangulation due to

smaller orifice. It can be repaired with conventional anatomical or Laparoscopically with or without use of mesh. But it shows significant advantage in Laparoscopy in terms of morbidity and hospital stay [4].

#### **CONCLUSION:**

Although it is rare, we should include Spigelian Hernia in the differential diagnosis for acute right iliac fossa pain. And we can get benefit of ultrasound to get confirmation preoperatively. Treatment is surgical, with a variety of different techniques available.

with necrotic omentum with adherent small bowel loops. A 3cms.

Defect was noted just lateral to the rectus muscle. The necrotic omentum and sac were excised. Muscle layer was closed with vicryl (2-0) continuous sutures and external oblique aponeurosis with prolene (1-0) continuous interlocking sutures.

#### **DISCUSSION:**

The Spigelian Hernia occurs through the congenital or acquired defect. Adrian Spiegel has described the fascia through which Spigelian Hernia occurs. The Spigelian fascia is the apponeurotic part of the transverse abdominis muscle between the medial border of its muscular part and the insertion of the aponeurosis into the posterior rectus sheath. In 1764, Klinklosch has recognized first Spigelian Hernia. The diagnosis of Spigelian Hernia presents greater difficulty than its

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