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Ultimate Rare Complication of Incisional Hernia - Spontaneous Rupture - A Case Report

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ABSTRACT

The ultimate complication of incisional hernia in the form of spontaneous rupture, is a very rare complication, only few cases have been reported. Incisional hernia is a known complication of abdominal wall surgery. Rupture of incisional hernia is a surgical emergency, which requires urgent reduction of bowel contents and a proper closure of abdominal wall. Here we present a case of a 55-year-old male, who developed incisional hernia following an exploratory laparotomy and did not care for it and failed to follow-up with the treating surgeon ending in ultimate catastrophe of rupture of the hernia.

Keywords: Spontaneous rupture, Incisional hernia

INTRODUCTION

Hernia is basically protrusion of a viscus or a part of it, through an opening in the wall containing it. Similarly, incisional hernia is the protrusion of abdominal contents through a weak spot at the site of previous operative scar. This is commonly seen in females and rare in males, as females have frequent lower abdominal surgeries such as hysterectomies, Lower segment caesarean section etc.[1] Incidence of Incisional hernia is reported to be about 11-20 % [2,3]. Spontaneous rupture of incisional hernia is rare in today's era due to advancement in surgical expertise and improvement in health care system. Very few cases have been reported.

CASE REPORT

A 55-year male patient came to the casualty with complaints of *bowel loops protruding outside the abdomen following a bout of cough in the morning*. The patient had a history of swelling over the anterior abdominal wall over an old operative scar for 2 months, which was insidious in onset, progressively increasing in size. The swelling protruded from the abdomen on straining and coughing and decreased on lying down. He did not consult any doctor for the same as it was painless. The patient was a farmer. The patient was operated for intestinal obstruction and exploratory laparotomy was done with release of Bands and intestinal adhesions in February 2018. The patient has no known co-morbidities.

On Examination, patient was conscious, oriented, afebrile with normal haemodynamic status. On examination of the abdomen, we could see the slightly oedematous bowel loops protruding from the midline opening of 5 X 5 cm in an old operative scar. It was surrounded by lax, thinned out, pale depigmented skin. There was no tenderness, guarding or rigidity. The intestines were easily reduced back into the abdominal cavity and an emergency single layered suture of the ruptured anterior abdominal wall scar was done in the casualty. Patient was shifted to the wards for

thorough investigation. All routine blood investigations were done which are required for surgical intervention, and were found to be normal. As per protocol CECT of abdomen was done, which showed a breach of approximately 23mm width, 80-100 mm length in anterior abdominal wall more on left side, communicating with peritoneal cavity, and no other gross abnormality. Patient was taken for incisional hernia repair. Elliptical Midline abdominal incision was taken involving the excess lax skin, previous surgical scar and abdomen opened, bowel was examined for perforation or any signs of ischaemia, thorough peritoneal wash were given and release of bands and intestinal adhesions was done. Transverse abdominis was released, peritoneum and posterior rectus sheath approximated in midline, an onlay mesh was placed and fixed above posterior rectus sheath and anterior rectus sheath was closed followed by which a subcutaneous vacuum drain was kept and skin was closed.

The patient recovered well post-operatively and was discharged on the 14th post-operative day. Follow-up was uneventful.

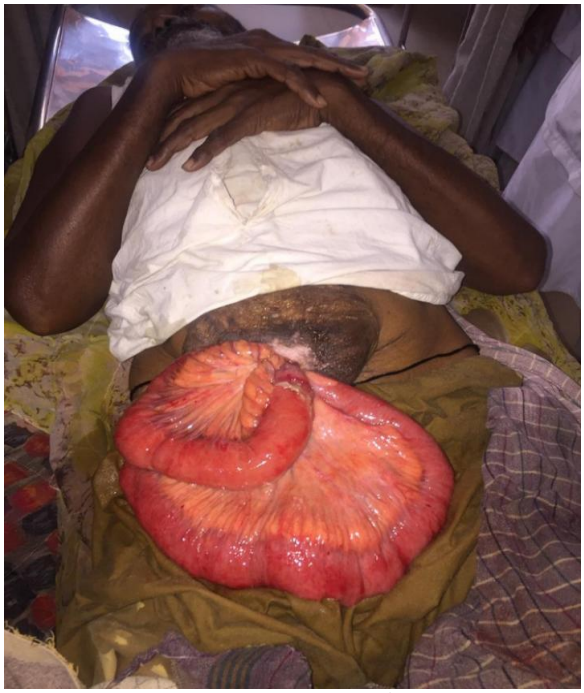

Fig 1. Patient presented with herniation of abdominal contents through the abdominal wall.

Fig 2. Abdominal wall after reduction of bowel contents

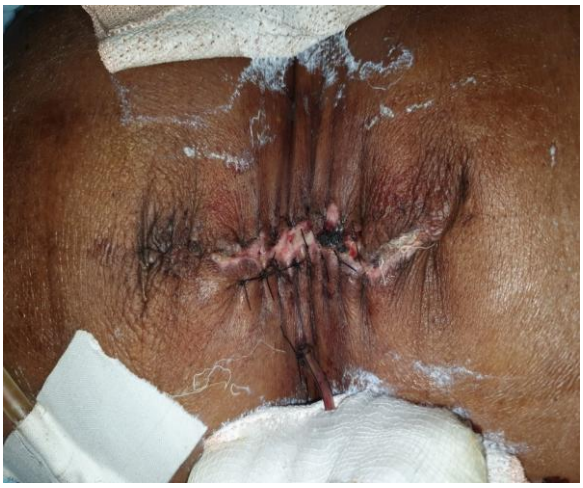

Fig 3. Skin closure with drain In situ

DISCUSSION

Incisional hernia can have many complications like obstruction, strangulation, gangrene of bowel and ultimately rupture. Rupture being the rarest[4,5]. Rupture can occur in a very thinned out scar, due to forceful cough, straining at micturition or defecation, heavy weight lifting[3]. In this case also the incisional hernia ruptured, due to a bout of coughing, resulting in tear of the thinned out hernia sac and skin, thus spilling out abdominal contents. Rupture can be expected in all cases of hernia theoretically, but is more commonly reported in incisional hernia[7.] Patient compliance for early repair of incisional hernia is a determining factor and neglect, increases risk of rupture[4,6]. Rupture of incisional hernia is a surgical emergency and requires immediate reduction of contents and closure of defect. A mesh can

be placed if the condition of operative site and patient's factors permit it however in presence of local infection, bowel strangulation, obesity, malnutrition it should be avoided.

The take home message is that no incisional hernia should be taken lightly and early intervention after correction of etiological factors is of utmost importance to avoid such drastic complication.

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