

Images

Giant umbilical hernia in the 21st century

P. López-Lahoz, I. Gómez-Ochoa, V. Abadía-Gallego, J. Mozota, F. Lamata, M. Rivas

EMERGENCY DEPARTMENT. SURGERY DEPARTMENT. HOSPITAL CLÍNICO UNIVERSITARIO LOZANO BLESA. ZARAGOZA.

We present the case of 65 year old male, single, independent for all activities of daily living with a history of umbilical hernia with 21 years of evolution. He had undergone a bilateral inguinal herniorrhaphy in 1991. The patient attended the emergency department presenting multiple erosions in the abdominal wall (Figure 1) and in the right lower limb following a fall. He did not report pain, alterations in peristalsis or associated abdominal symptoms. The inspection revealed a giant umbilical omphalocele with a hernial sac with loss of normally inhabited compartment. There were abdominal cutaneous erosions and loops of the small intestine were visible in the most devitalised areas. He was admitted to the hospital and programmed to undergo subtotal colectomy with lateral-lateral ileosigmoid anastomosis and repair of the abdominal wall with insertion of a double mesh. The patient evolved satisfactorily in the postoperative period (Figure 2).

The most relevant features of this case are the size of the

hernia, which is rather unusual in our environment, and the absence of symptoms.

Hernias constitute the most frequent cause of mechanical bowel obstruction and hernia orifices must be explored in all cases where abdominal pathology is suspected. Umbilical hernias in adults normally cause abdominal pain, aesthetic alterations and may become irreducible and/or strangled. Surgery is the treatment of choice and the use of physical constraining devices such as hernia belts, corsets, trusses, etc. should be ruled out.

REFERENCES

- 1- Eryilmaz R, Sahin M, Tekelioglu MH. Which repair in umbilical hernia of adults: primary or mesh?. *Int Surg* 2006;91:258-61.
- 2- Catheline JM, Fouquet V. Hernia of the abdominal wall in child and adult. *Rev Prat* 2004;54:2281-6.

Correspondence: Ignacio Gómez Ochoa
Camino del Buro, 225.
50011 Zaragoza.
E-mail: nachogomezchoa@yahoo.es

Received: 26-2-2007
Accepted: 6-3-2007



Figure 1. Giant umbilical hernia with “loss of normally inhabited compartment”.



Figure 2. A week after surgery (subtotal colectomy with lateral-lateral ileosigmoid anastomosis and repair of the abdominal wall with insertion of a double mesh).