Large Epigastric Hernia: an Unusual Presentation

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Abstract

We presented here a 65years old lady with an unusual presentation of a large epigastric hernia of twenty years duration .The swelling was occupying all the right hypochondrial region .The diagnosis was made on r^E^a-operative identification of the defect in the linea alba which was sutured after removal of the hernial sac and its contents .The postoperative course was uneventful and the patient remained with no complications or recurrence for more than two years follow up.

Keywords: epigastric hernia, linea alba, extraperitonial fat.

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Introduction

The term epigastric hernia introduced in 1812 , this was seventy years after the first clear - cut description of epigastric hernia had been made by Le Dran An epigastric hernia is a term applied to herniae occurring in or near the midline between the umbilicus and the xiphisternum .There is usually no more than a small protrusion of extraperitonial fat through a defect in the linea alba , but a slender peritoneal sac may also be present. Epigastric hernia occurring in approximately 5% of the general population at autopsy . Most are small and asymptomatic and therefore undiagnosed[(2)].

It may be difficult to diagnose a small epigastric hernia consisting only of a tag of omentum herniated through the linea alba .

Case report

A 65years old female patient, had 6 children all delivered by vaginal rout, with no history of any operations on the abdomen , presented with a tender mass in the upper abdomen of one week duration . It was associated with nausia and vomiting in the last two days before admission.Her condition started more than 20 years ago as a small mass in the upper abdomen which was increasing in size, during those years it was painless and causing no symptoms .

On physical examination, the mass was occupying the whole right hypochondrial area , and it was lobulated , an ovoid in shape being wider medially (8cm) and slender laterally (4cm), its length was about 15 cm The skin over it was normal (figure 1).

Figure 1 a photograph of abdomen showing the mass occupying the right hypochondrial area

Laboratory investigations, including general urine examination,complete blood picture andsedimentation rate , fasting blood sugar,blood urea ,serum creatinine ,serum electrolytes ,were all within normal limits .Electrocardiograph andchest X-ray were normal. Plain X-ray of the bdomen , there were no signs of intestinal obstruction (neither air-fluid levels , nor dilated bowel loops).

Ultrasonography of the mass andabdomen revealed a hyperechoic, smooth mass,lobulated, about 10.2X7.3cm with a normal texture of fatty tissues. Under general anesthesia and endotracheal intubation a transverse incision was done on the mass , and by careful mobilization and dissection , the hernial defect in the linea alba was found , and the mass was a peritoneal sac filled with omentum which was easily mobilized and excised , with suturing of the defect by nylon sutures.

The post operative course was uneventful and the patient discharged well after 4 days . The patient was followed up for two years during which there were no complications or recurrence

Discussion

An epigastric hernia occurs throw the linea alba anywhere between the xiphoid process and the umbilicus , usually midway between these structures (3)' A swelling the size of a pea consist of a protrusion of extra - peritoneal fat only . If the protrusion enlarges , it drags a pouch of peritoneum after it, and so becomes a true epigastric hernia(4). The mouth of the hernia is rarely large enough to permit a portion of hollow viscous to enter it, consequently , either the sac is empty or it contains a small portion of omentum .

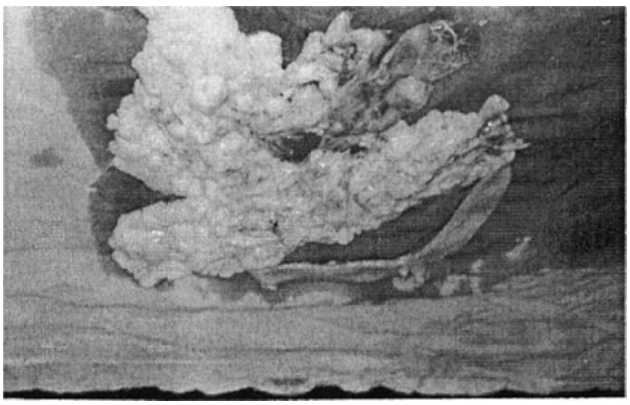

Figure 2 The surgical specimen consisting of omentum with its sac

The case presented here had a true sac which is about 15X8 cm , which is an unusual size for an epigastric hernia , and it contains a large piece of omentum which had been dragged during this long period of time (figure2).

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