

Fourty Eight Years Old Businessman Presented with Large Upper Abdomen and Right Groin Swellings for Past Ten Years

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Case

A 48 years old businessman presented with large upper abdominal and right groin swellings for past 10 years. He had few episodes of vomiting and non passage of flatus & feces for the past 2 days. He had no bowel/bladder complaints prior to this episode. There was no history of chronic cough or constipation. He was an occasional smoker and alcoholic. He had never visited a doctor for these swellings. He used to take over the counter analgesics for occasional pain in the swellings.

General physical examination was unremarkable. Per abdomen examination revealed presence of large epigastric hernia of 27*28 cms. Umblicus was central in position and inverted. Skin over the swelling was stretched and dry with multiple scars from previous healed ulcerations. Cough impulse was positive. Complete inguinal hernia with positive cough impulse was noted on the right side. Bowel sounds were exaggerated.

X-ray of the abdomen (erect and supine)(Fig 2) was done and revealed no abnormality. Ultrasonography of the abdomen revealed large ventral abdominal wall defect of 18* 16 cms and a right inguinal hernia. Blood investigations were within normal range.

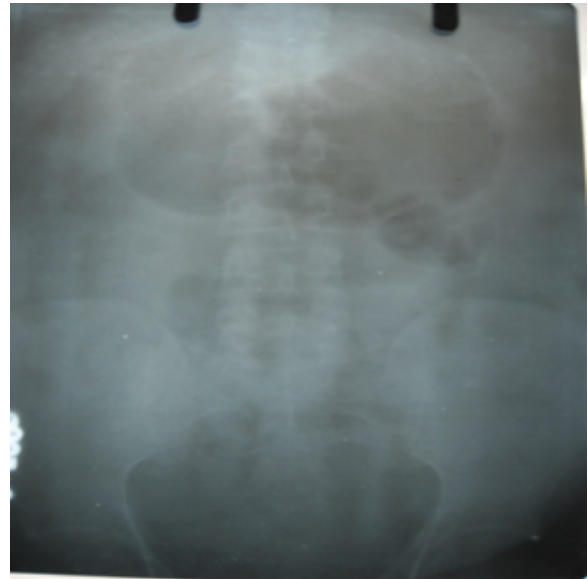
Patient was managed conservatively on I/

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Figure 1



Fig 2: X-Ray Abdomen (erect and supine)

V fluids, antibiotics and analgesics. He improved after a few hours and was discharged the next day with an advice to attend surgical OPD for an early surgical treatment of hernia.

1. What is the diagnosis?
2. What are the complication (s) of simple mesh repair and closure of abdominal defect in this case?
3. Which surgical approach will be preferred in this case?

Answer

1. Patient is having a large ventral hernia with right sided complete inguinal hernia.

2. Abdominal compartment syndrome is the dreaded fear.
3. Staged approach will be preferable in this case. Inguinal hernia should be repaired first as it is more likely to get obstructed; unlike the epigastric hernia which seldom undergo obstruction.

After the inguinal hernioplasty; patient should be asked to lose weight. Ramirez's component separation technique is a useful option for repair of such a large defect.