

Epiploic Carcinosis Revealed by a Strangulated Hernia of the Linea Alba: A Case Report

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Abstract

Case Report

Umbilical hernia is common and can lead to life-threatening complications such as incarceration or strangulation. The presence of malignant tumours in hernial sacs remains very rare. We report here a case of epiploic carcinosis discovered during cure of an incarcerated umbilical hernia in a 75-year-old woman. She had macroscopic signs of malignancy during the operation.

Keywords: Hernia, Carcinosis, Epiploon, Peritoneum, Surgery.

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INTRODUCTION

Peritoneal carcinosis (PC) is defined as metastatic extension of a primary cancer to the peritoneal serosal surfaces. Umbilical hernias are a frequent pathology in visceral surgery. However, strangulation of an umbilical hernia remains rare and the discovery of carcinosis in a strangulated umbilical hernia is even rarer. We report a case of Epiploic carcinosis revealed by a strangulated hernia of the linea alba: a case report, admitted and managed in the visceral surgery department of the IBN TOFAIL hospital; university hospital of Marrakech, Morocco.

OBSERVATION

This is a 75-year-old female patient with a history of arterial hypertension and diabetes, who presented with abdominal pain without fever or change in general condition.

Physical examination revealed a hard, inflammatory, irreducible and painful umbilical mass. The abdomen was soft and the Douglas was free.

The patient underwent a laboratory work-up, which showed a prothrombin rate of 80%, activated partial thromboplastin time of 12 seconds, a blood count with a white blood cell count of 11,000/mm³, C-reactive protein of 16 mg/L, lipemia of 60 IU/L, normal renal function (urea= 0.32g/L and creatinine=8.02 mg/L) and fasting blood glucose of 1.8 g/L.

The patient was admitted urgently to the operating theatre for surgical cure of the hernia. After the patient was admitted, exploration of the abdominal cavity revealed an umbilical hernia 2 cm in diameter with epiploic contents and several nodules of carcinosis.

The treatment consisted of dissection of the hernia sac, then opening of the sac, followed by resection of the omentum with the nodules of carcinosis and finally paltet cure of the hernia.

The patient received analgesic and antibiotic treatment and the surgical specimen was sent to the anatomopathology laboratory, which confirmed the malignant nature of the nodules.

The patient was referred to the oncology department for follow-up.



Figure 1: Hernial sac containing several nodules of epiploic carcinosis

DISCUSSION

Peritoneal carcinosis (PC) is defined as metastatic extension of a primary cancer to the peritoneal serosal surfaces. It is characterised by its wide distribution and the implantation of numerous tumour foci in the abdomen. Carcinosis may be a sign of the cancerous disease or may be diagnosed during the work-up [1-3].

Umbilical hernias are a frequent pathology in visceral surgery. However, strangulation of an umbilical hernia remains rare and the discovery of carcinosis in a strangulated umbilical hernia is even rarer [4]. There are only a few reports in the literature of this type of case. Malignant tumours found in umbilical hernias include ovarian cancer [5], malignant peritoneal mesothelioma [6], primary neuroectodermal tumour [7], and metastases of various intra-abdominal cancers, the so-called Sister Mary Joseph nodule [6]. In our study, the primary tumour was a malignant tumour of the uterus.

CONCLUSION

The presence of a tumour process in a hernia is rare and preoperative diagnosis remains difficult to manage. We recommend selective microscopic examination of obviously abnormal hernia sac specimens to avoid missing the diagnosis of metastatic cancer.

Conflict of Interest: There is No Conflict of Interest.

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