

Spigelian Hernia: Case Report

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Abstract

Case Report

Introduction: Spigelian hernia is an unusual dehiscence occurring on the semilunar line. It is a rare entity, representing less than 1% of abdominal wall hernias. It is asymptomatic in 90% of cases. The positive diagnosis is radiological. **Observation:** We report the case of a 30-year-old female patient who presented with a swelling of the right flank that had been progressively increasing in volume for 1 year. The clinical examination revealed a mass in the right flank that was soft, painless and reducible, and without any inflammatory signs. The diagnosis of Spigelian hernia was retained on abdominal CT. **Conclusion:** Spiegel's hernia is a rare entity and its clinical diagnosis can be difficult. It is asymptomatic in 90% of cases. Its positive diagnosis is radiological. The risk of strangulation is not negligible and requires surgical treatment once the diagnosis is confirmed. **Key words:** Spigelian hernia, CT.

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INTRODUCTION

Spigelian hernia or lateral ventral hernia is an unusual dehiscence occurring on Spiegel's semi-lunar line or fascia [1]. It is a rare clinical entity, accounting for 0.10 to 1% of abdominal wall hernias. It is asymptomatic in 90% of cases and its positive diagnosis is radiological [2]. We report a case of simple Spiegel's hernia in a 30-year-old female patient whose diagnosis was made on CT scan.

OBSERVATION

We report the case of a 30 year old female patient, mother of 3 children, obese, presenting for 1 year with a mass of the right flank, progressively increasing in volume, without transit disorder and without alteration of the general state.

The clinical examination showed a mass in the right flank, soft, non-painful and reducible, without any inflammatory sign. The rest of the examination was without particularity.

Abdominal CT showed a muscular dehiscence of the right semilunar line with a hernia sac with colonic and omentum contents, through a neck measuring 4.2 cm.

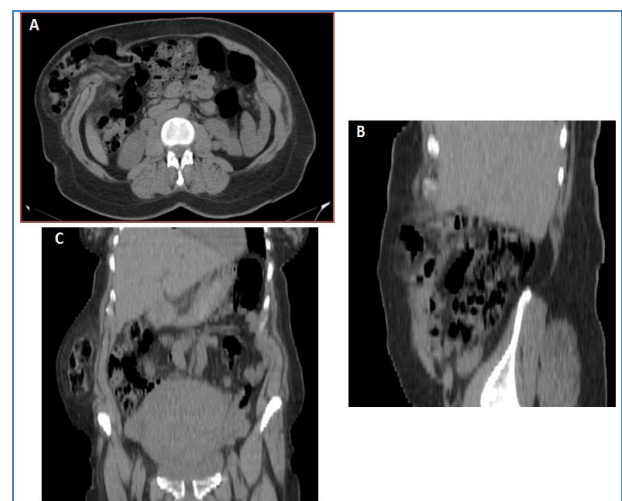


Fig-1: axial (A), sagittal (B) and coronal (C) non enhanced abdominal CT showing dehiscence on the right semilunar line, hernia sac with colonic and omentum contents

DISCUSSION

Spigelian hernia is rare affection [1, 2]. They correspond to the protrusion of a peritoneal sac through an acquired or congenital anatomical orifice of the semilunar line or Spiegel's line [1]. Their incidence is clearly increasing due to the improvement of modern imaging techniques [1]. It occurs at any age with a peak between 40 and 70 years of age [3]. They affect both women and men [3, 4].

There are predisposing factors such as intra-abdominal hyperpressure secondary to morbid obesity, multiple pregnancies, chronic cough and Rapid weight loss in obese patients [1]. Our patient was a woman with risk factors: obesity and multiparity.

The hernia develops in an interparietal situation between the external oblique muscles in front, the internal oblique and transverse muscle in the back. In most cases, the hernia sac contains omentum, small intestine, cecum, appendix or sigmoid [2, 3, 5]. Some authors find more atypical contents such as stomach, gallbladder, Meckel's diverticulum, ovary, uterine myoma or endometriosis nodule [1]. In our patient the hernia sac contained the right colonic angle and the omentum.

The neck of the hernia is usually narrow by 0.5-2 cm, and as a result it is responsible for incarceration and strangulation with occlusive syndrome [2, 5]. In our case the collar was 4.2 cm wide. The clinical signs are not specific.

Abdominal CT scan, with its high sensitivity, remains the key examination in the diagnosis; it allows the muscular dehiscence and the contents of the hernia sac to be seen [7]. Indeed, it allows a good study of the different tunics of the anterolateral abdominal wall. It also allows us to look for complications [4].

CONCLUSION

Spigelian hernia is a rare entity, sometimes difficult to diagnose clinically. Strangulation is a rare but serious complication that can be life-threatening.

Abdominal CT scans are used to make the diagnosis and to look for complications, particularly strangulation and its consequences.

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