Postsurgical giant incisional hernia

Daisuke Usuda, Takuro Mizuno, Hitoshi Saito, Shigeki Takashima

Kanazawa Medical University
Himi Municipal Hospital,
Himi, Japan

Correspondence to

Daisuke Usuda,
united19771108@yahoo.co.jp

DESCRIPTION

A 55-year-old woman presented at our emergency room with a 24 h history of abdominal bloating. Her medical history included operation for umbilical hernia and schizophrenia, and her vital signs showed hypertension, tachycardia and fever. Upon physical examination, she presented with a surgical scar (10 cm) in the middle-lower abdomen, abdominal bulge and attenuation of gurgle, with no signs of peritoneal irritation. Routine blood investigations showed leucocytosis. Abdominal bulge (25×27.5 cm) and giant incisional hernia (8×11.5 cm), in which mechanical ileus with thickening of intestinal folds and air-fluid levels was detected, were confirmed (figures 1 and 2).

Open-surgical and incisional herniorrhaphy were performed, and she recovered completely after surgery.

Incisional hernias are one of the most common complications after abdominal surgery.¹ Patient-related risk factors for developing incisional hernia include age >65 years, atherosclerosis, diabetes, obesity, renal failure, protein deficiency, immunosuppression and smoking.^{1,2}

Most incisional hernias can be diagnosed by reviewing patient's case history and by clinical examination as they present with an abdominal bulge in the region of the surgical scar. Although many incisional hernias are asymptomatic, some 20–50% present with pain.³

Diagnosis is generally not difficult, and additional tests may not be needed.

Not every patient who presents with incisional hernia is suitable for surgical repair.³

To the best of our knowledge, there are no previous reports of giant incisional hernia with

Figure 2 CT scan of abdomen showing giant incisional hernia.

schizophrenia. The main reason for writing this case report is the size of this giant hernia, which leads us to share our astonishment and experience with fellow readers.

Learning points

- ▶ Incisional hernias are one of the most common complications after abdominal surgery.
- ▶ Most incisional hernias can be diagnosed by reviewing the patient's case history and by clinical examination as patients typically present with an abdominal bulge in the region of the surgical scar.
- ▶ Not every patient who presents with an incisional hernia is suitable for surgical repair.

Figure 1 Preoperative photograph of a patient with a giant incisional hernia.

Acknowledgements I have consulted Professor Tsugiyasu Kanda for the treatment of this patient.

Contributors The patient was operated by HS and ST.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES

- 1 Sanders DL, Kingsnorth AN. The modern management of incisional hernias. *BMJ* 2012;344.
- 2 Makela JT, Kiviniemi H, Juvonen T, *et al.* Factors influencing wound dehiscence after midline laparotomy. *Am J Surg* 1995;170:387–90.
- 3 Rutkow IM. Demographic and socioeconomic aspects of hernia repair in the United States in 2003. *Surg Clin North Am* 2003;83:1045–51.

To cite: Usuda D, Mizuno T, Saito H, *et al.* *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2013-008953

Copyright 2013 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow