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. Patient-related risk factors for developing incisional hernia include age >65 years, atherosclerosis, diabetes, obesity, renal failure, protein deficiency, immunosuppression and smoking.

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.

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.

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

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.

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REFERENCES
1 Sanders DL, Kingsnorth AN. The modern management of incisional hernias. BMJ 2012;344.