Spontaneous evisceration of the appendix through an incisional hernia at rest

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DESCRIPTION

A 70-year-old man presented to accident and emergency (A&E) department with spontaneous rupture of his incisional hernia, which occurred at rest. He previously had an emergency open abdominal aortic aneurysm repair. Postoperatively he developed a large incisional hernia. On arrival at A&E department, it was evident that his hernia had eroded through the skin, with his appendix and some greater omentum protruding through the defect (figure 1). There were no clinical features of obstruction or strangulation. He underwent pre-operative CT scanning to delineate the anatomy and facilitate operative planning (figure 2); this confirmed a large defect measuring 18×15 cm containing the bowel and omentum, and evisceration of the appendix.

He underwent an emergency incisional hernia repair with open appendectomy. Given the size of the myofascial defect, a bridging mesh was required to achieve closure. As a result of concern over contamination, a decision was made to use a collagen mesh (Permacoll) rather than a synthetic mesh. An

abdominal binder was applied postoperatively. He was discharged on day 6 and reviewed 7 weeks later; there is no evidence of recurrence or infection.

Evisceration of an appendix through an incisional hernia is rare and is usually associated with severe pain.¹ Spontaneous evisceration through an abdominal wall hernia is more likely on a background of an acute (eg, coughing, exertion) or chronic (eg, ascites) rise in intra-abdominal pressure and is associated with significant morbidity and mortality.² This is the first case we have come across that occurred at rest in the absence of ascites.

Learning points

- ▶ Incarceration, strangulation and obstruction are not the only emergency presentations of abdominal wall hernias.
- ▶ It is not unreasonable to treat asymptomatic abdominal wall hernias conservatively in high risk patients; however, evisceration is a recognised (but rare) risk.
- ▶ If spontaneous evisceration occurs, urgent surgical intervention is indicated.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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Figure 1 Photograph of eviscerated appendix.

Figure 2 CT scan of the abdomen/pelvis with contrast showing large incisional hernia defect and eviscerated appendix.

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