

Clinica-Medical Image

Incarcerated Spiegel Hernia

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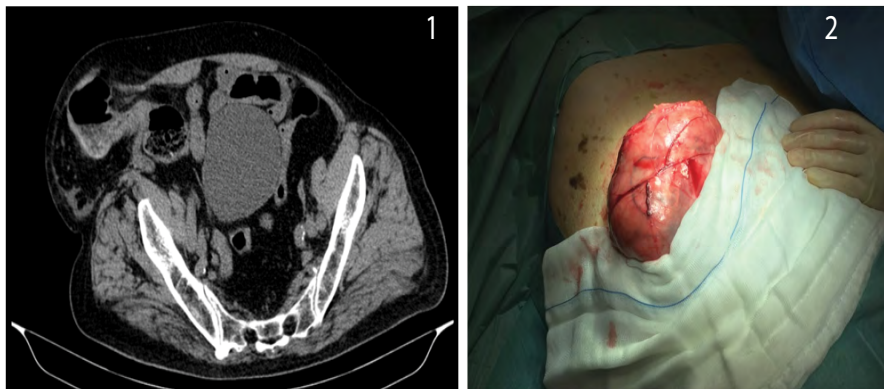


Figure 1: CT scan - Axial view of the large incarcerated Spiegel hernia on the right side.

Figure 2: Intra-operative photograph of the large hernia sac containing a segment of transverse colon.

Keywords

Incarcerated Spiegel Hernia (ISH); Intestinal obstruction; Colonic obstruction; Laparoplasty with mesh; Dual surface mesh

Introduction

An 80-year-old female patient, with obesity and arterial hypertension, was admitted to our emergency department, for periumbilical pain and constipation in the last 6 days. She presented with abdominal distension and a large irreducible hernia in her right lower quadrant. She had an abdominal Computerized Tomography (CT) done that confirmed the clinical suspicion of a Spiegel hernia, containing colon and a large quantity of omentum (Figure 1). She underwent an urgent surgery (Figure 2), laparoplasty with a dual surface mesh, and was discharged home on the 4th post-operative day. She remains asymptomatic, with no hernia relapse. The diagnosis of this hernia requires a high suspicion index and the CT is the best imaging study for their characterization. The incarceration risk of this hernia is high. Thirty percent of these patients require an urgent surgery. Hence, surgery is recommended for all patients presenting with a Spiegel hernia.

Protection of Humans and Animals

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.

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