

SPIGELIAN HERNIA IN ADULTS: ABOUT A CASE AT THE MAMAN ELISABETH DOMITIEN UNIVERSITY HOSPITAL CENTER OF BANGUI**Dibert Bekoy Nouganga Emmanuel^{1*}, Issa Mapouka Pierre Alfred², Laleye Christel Marie³, Doui Doumga Antoine⁴ and Gaudeville Alfred⁵**¹Department of Surgery, Maman Elisabeth Domitien University Hospital Center of Bangui.²Department of Surgery, Community University Hospital Center of Bangui.³Department of Visceral Surgery, Hubert Koutoukou Maga National University Hospital Center of Cotonou.⁴Department of Surgery, Sino Central African Friendship University Hospital Center of Bangui.⁵Department of Surgery, Bangui Pediatric Complex of Bangui.***Corresponding Author: Dibert Bekoy Nouganga Emmanuel**

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SUMMARY

Spigelian hernia is a dehiscence of the anterolateral or ventro-lateral wall of the abdomen, through which the digestive loops can pass. It is a rare digestive pathology, which involves a significant risk of strangulation justifying surgical treatment. We report a case in a 52 year old patient with a history of right inguinal hernia repair by raphia who presented a left para rectal swelling, gradually increasing in volume, the clinical diagnosis of a Spiegel hernia was evoked and the patient underwent a hernial cure by plasty of a polypropylene plate. The following operations were simple.

KEYWORDS: Spigelian hernia, diagnosis, surgery, Central African Republic.**INTRODUCTION**

Spigelian hernia or lateral ventral hernia sits at the level of the Spiegel line, at the lateral edge of the right muscles of the abdomen and develops through an orifice of the aponeuroses of the internal and transverse oblique muscles, usually without crossing the external oblique fascia.^[1] It is a rare hernia, representing 1% of all hernias diagnosed in the adult population. The clinical diagnosis is difficult or even misleading due to its interstitial development, the sac being compressed by the external oblique fascia as long as the hernia is not bulky and is opposed to a characteristic semiology in imaging.^[2] Large hernias or those that develop in a thin wall may be visible in orthostatism. Symptoms vary from simple ill-defined discomfort to real pain, which increases at the end of the day and disappears at bedtime. The hernia can be palpable and impulsive on coughing, but it can remain imperceptible, especially if the fatty pannicle is thick. The clinical diagnosis was established only in 64% of the cases in the series of Larson.^[3] and 71% in that of Malazgirt.^[4] Ultrasound can then be useful, it makes it possible to differentiate the hernia from a solid formation and to highlight the defect in the spigelian fascia with a sensitivity of 83% to 100% but it is operator-dependent.^[5] Treatment is surgical, either by direct approach or by laparoscopy. We report a case of left Spigelian hernia, diagnosed and operated at the Maman

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OBSERVATION

Mr. M. A, 52 years old, pygmy, farmer, having in his surgical history a right inguinal hernial cure by raphia carried out 5 years earlier, referred from the district hospital of M'Baïki located at 111Km from the capital Bangui, February 03, 2020, for abdominal mass. The onset of symptoms would go back in 2019 with a left para-umbilical swelling occurring on exertion, having gradually increased in volume and becoming permanent associated with intermittent abdominal pain without transit disorder, traditionally treated without success. Following the awareness of a Non Governmental Organization (NGO) which deals with ethnic minorities, the patient consulted the M'Baïki District Hospital who referred him for management of an abdominal mass. On physical examination, the patient presented a good general condition, a Body Mass Index (BMI) at 20, a blood pressure at 130 / 80mmHg, a pulse at 82 pulses / minute, a respiratory rate at 18 cycles / minute, a temperature of 36.8 ° C. Physical examination of the abdomen found a surgical scar in the right inguinal region, a mass in the form of a left para-umbilical arch, measuring 30 × 25 cm (Figures 1 and 2).



Figure 1: Left para umbilical mass in standing position, raised left arm.



Figure 2: Left para umbilical mass in supine position.

This mass is soft, painless, impulsive to coughing efforts and reducible. She was covered with normal looking

skin. The reduction was accompanied by a gurgling sound characteristic of the reintegration of the intestinal loops. After reduction of the handles, the appreciation of the hernial collar noted resistant edges with a diameter of approximately 6 centimeters. The rest of the physical examination was without particularity. Spiegel's bulky hernia was retained. A preoperative biological assessment (blood group, blood count, C Protein Reactive, uremia and creatinine) was carried out. The surgical intervention was performed under general anesthesia. The laparotomy by left para rectal approach revealed a bulky hernial sac containing slender handles (Figure 3).

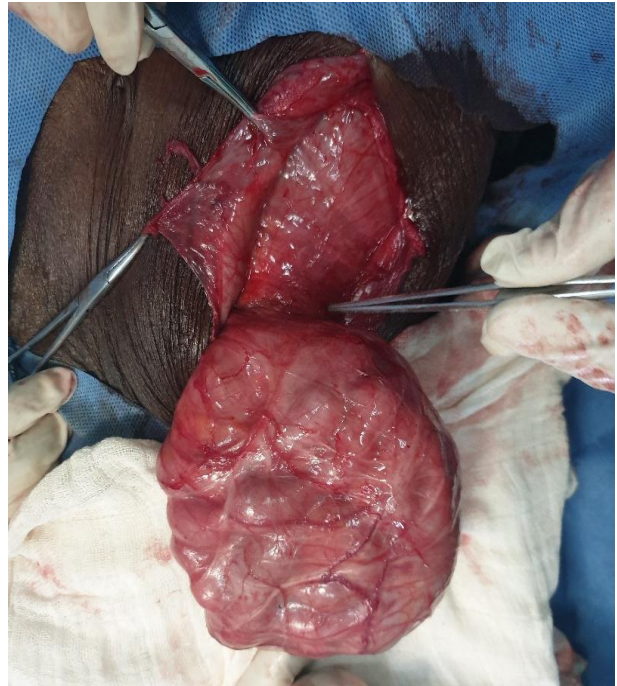


Figure 3: Hernia sac containing slender handles.

After the hernial sac and its contents have been reintegrated, the hernial cure was performed by placing a polypropylene prosthesis (Figure 4).



Figure 4: Installation of the polypropylene plate.

The wall was closed plane by plane followed by an elastic bandage. The operative suites were simple with resumption of intestinal transit on the 1st postoperative day and the patient was discharged on the tenth day.

DISCUSSION

Spigelian hernia occurs at any age with a peak between 40 and 70 years of age. Although its exact etiology is uncertain, various predisposing factors such as collagen disorders, chronic obstructive pulmonary disease, constipation, aging, obesity, rapid weight loss, multiparity, trauma, ascites and previous surgery has been reported.^[6,7] In this patient, age, intense physical exertion seem to be the favorable factors for Spiegel's hernia. The clinical picture, often polymorphic, is a source of diagnostic delay.^[8] In our context, the volume of the hernia and the absence of obesity facilitated the clinical diagnosis confirmed by abdominal ultrasound. Better resolution CT scans provide details on the contents of the hernial sac.^[9,10] This examination does not exist in the Central African Republic. The hernial neck, generally narrow on the order of 0.5 to 2 cm often leads to constriction.^[11] Unlike our case with a very wide collar. Like any hernia, strangulation is the complication to be feared, hence the value of surgical treatment. Surgical treatment consists of a fascia or plastic surgery.^[12] We opted for a cure by prosthetic plate which causes less recurrence than raffia.

CONCLUSION

Spigelian hernia is a rare surgical pathology. In its voluminous form, the diagnosis is easy. The treatment of choice is the prosthetic cure, which offers less risk of recurrence.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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