

Unusual Hernia Content

Hernilerde Beklenmedik İçerikler

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ABSTRACT

An incisional hernia may have unusual contents, that may require careful evaluation to prevent complications. We present here a case of asymptomatic gallbladder herniation within a midline incisional hernia. Despite the distance between the defect and the organ, a hernia sac may have unusual contents. In this case that we present, after assuming the condition to be a simple incisional hernia, we did not perform any preoperative radiological work-up. But, in more complex conditions, such as a strangulation, careful evaluation with imaging techniques may avoid complications.

Key Words: Gallbladder, hernia, incisional, asymptomatic

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ÖZET

İnsizyonel herniler beklenmedik organlar içerebilir ve komplikasyonları engellemek için dikkatli değerlendirme gerektirebilir. Biz bu olguda orta hat insizyonel herni kesesi içine herniye olan asemptomatik safra kesesini tartışmayı amaçladık. Defekt ile herniye olan organ arasındaki uzaklığa rağmen, herni kesesi beklenilmedik organları içerebilir. Bu olguya basit insizyonel herni olarak yaklaştığımız için herhangi bir görüntüleme yöntemi kullanmadık. Ancak, strangülasyon gibi daha kompleks durumlarda görüntüleme yöntemlerinin kullanılması komplikasyonları engellemeye yardımcı olabilir.

Anahtar Sözcükler: Safra kesesi, herni, insizyonel, asemptomatik

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INTRODUCTION

Incisional hernia is one of the most frequent complications of abdominal surgery, and can occur in 7% - 14% of cases (1, 2). An incisional hernia is defined as a protrusion of intraperitoneal structures through a defect in the anterior abdominal wall fascia. Well-known predisposing factors for developing an incisional hernia include, surgical site infection, malnutrition, diabetes mellitus, immune suppression, morbid obesity and surgical techniques (3).

CASE REPORT

A 53-year-old woman presented with a 5-year history of postoperative hernia in the previous midline incision. Physical examination revealed a 7x10 cm partially irreducible, painless mass. The diagnosis was given as a simple incisional hernia, therefore no radiological work-up was conducted. She was informed, and an elective surgery was planned. At further exploration, thick-walled giant gallbladder (8x17 cm) that was like a colon segment and a transverse colon was detected in the hernia sac (Figure 1A). The gallbladder and colon were freed from the hernia sac and a cholecystectomy was performed. Cystic and common bile duct size was normal.

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The incisional hernia defect was primarily closed, and on-lay polypropylene mesh was placed. On macroscopic examination, the gallbladder wall was approximately 7 mm thick and lumen was full of gallstones (Figure 1B). The postoperative course was uneventful, and the patient was discharged on the postoperative day 4.

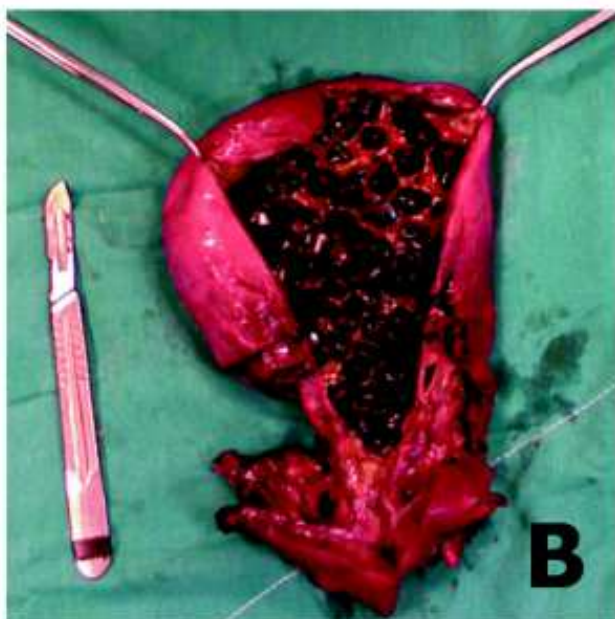
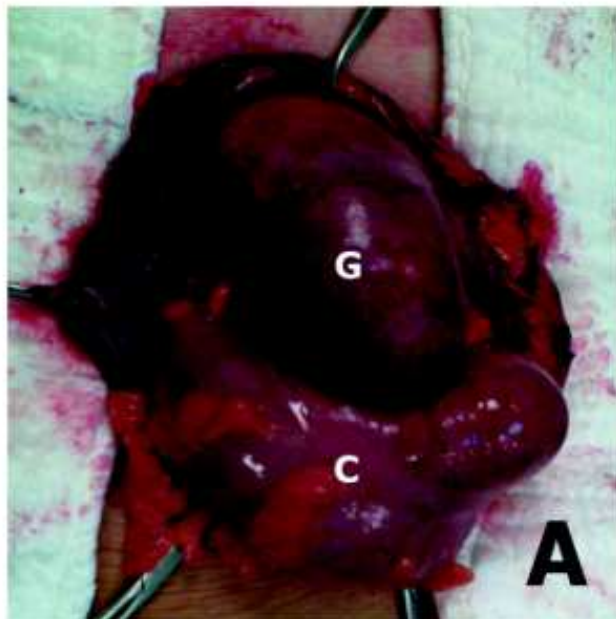


Figure 1 A) Contents of the hernia sac. G, gallbladder; C, transverse colon. B) Resected gallbladder and gallstones.

DISCUSSION

Gallbladder herniation can occur through intraabdominal spaces such as the foramen of Winslow, or extraabdominal regions from a primary or an incisional fascial defect. In the literature, symptomatic gallbladder herniation through the upper right quadrant of the transverse colostomy closure incision and the right subcostal incision were reported (4, 5). And, an asymptomatic gallbladder herniation through a small primary fascial defect in the upper right quadrant was described (6). However, as a midline incisional hernia content, an asymptomatic gallbladder is an unusual condition.

CONCLUSION

Despite the distance between the defect and the organ, a hernia sac may have unusual contents. In this case, after assuming the condition to be a simple incisional hernia, we did not perform any preoperative radiological work-up. But, in more complex conditions, such as a strangulation, careful evaluation with imaging techniques may help avoid complications.

Conflict of Interest

No conflict of interest was declared by the authors.

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