



Strangulated Littre’s Hernia through Kocher’s Incision- a Rare Case Report

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Abstract

Incisional hernia is a result of failure of lines of closure of abdominal wall following surgery. And any hernia contains Meckel diverticulum as its content is known as Littre’s Hernia. Meckel’s diverticulum is the most commonly encountered congenital anomaly of the small intestine occurring in about 2% of the population. The reported incidence of incisional hernia in abdominal operation is 0.5-13.9% and of strangulated incisional hernia is 7.4%. Although exact incidence of incisional hernia through non-vertical incisions has not been reported but approximately 1% of all transparietal abdominal incisions result in incisional hernia. So the incidence of Strangulated littre’s incisional hernia through kocher’s incision becomes extremely rare. An 84 year old male, came to the casualty with complaints of swelling over the abdomen over an open cholecystectomy scar for 4 years, pain and redness over the swelling since 4 days, c/o obstipation since 4 days along with multiple episodes of vomiting since 1 day. Patient was diagnosed as a case of Strangulated Incisional Hernia with probable content being small bowel clinically and radiologically. Intraoperative findings stated a strangulated hernia from open cholecystectomy scar with Meckel’s Diverticulum perforated at the tip being the content of the hernial sac. This is a very rare case of perforated meckel’s diverticulum being the content in a case of strangulated littre’s incisional hernia arising from kocher’s incision scar. Only 3 cases of strangulated littre’s hernia have been reported till date as per literature.

Keywords: Strangulated hernia, Meckel’s Diverticulum, Kocher’s incision, Littre’s hernia

Introduction

Incisional hernia is a result of failure of lines of closure of abdominal wall following surgery. And any hernia contains Meckel diverticulum as its content is known as Littre’s Hernia. Meckel’s diverticulum is the most commonly encountered congenital anomaly of the small intestine occurring in about 2% of the population. The reported incidence of incisional hernia in abdominal operation is 0.5-13.9% and of strangulated incisional hernia is 7.4%. Although exact incidence of incisional hernia through non-vertical incisions has not been reported but approximately 1% of all transparietal abdominal incisions result in incisional hernia. So the incidence

of Strangulated littre’s incisional hernia through kocher’s incision becomes extremely rare.

CASE CAPSULE

84 year old male, came to the casualty with complaints of swelling over the abdomen over an open cholecystectomy scar for 4 years, pain and redness over the swelling since 4 days, c/o obstipation since 4 days along with multiple episodes of vomiting since 1 day. Patient underwent an open cholecystectomy 5 years ago following which he developed a swelling over the scar a year later. He is a K/C/O DM, HTN, IHD on dual antiplatelet drugs since 5years.



FIG 1: CLINICAL PICTURE OF SWELLING EMERGING FROM OPEN CHOLECYSTECTOMY SCAR

On Inspection, a single swelling 25 x 20 cm was present in the right lumbar region extending upto the right hypochondrium with well-demarcated borders, skin over the swelling was stretched and erythematous with no visible peristalsis and expansile cough impulse being absent. An open cholecystectomy scar was observed in the right hypochondrium (15 cm in length).

On Palpation, Local rise of temperature was present with severe tenderness elicited over the swelling

sized 25 x 20 cm in size with all borders palpable, the swelling was Irreducible and non-pulsatile. Abdominal guarding was present.

Patient was diagnosed as a case of Strangulated Incisional Hernia with probable content being small bowel clinically and radiologically.

Intraoperative findings stated a strangulated hernia from open cholecystectomy scar with Meckel's Diverticulum perforated at the tip being the content of the hernial sac.

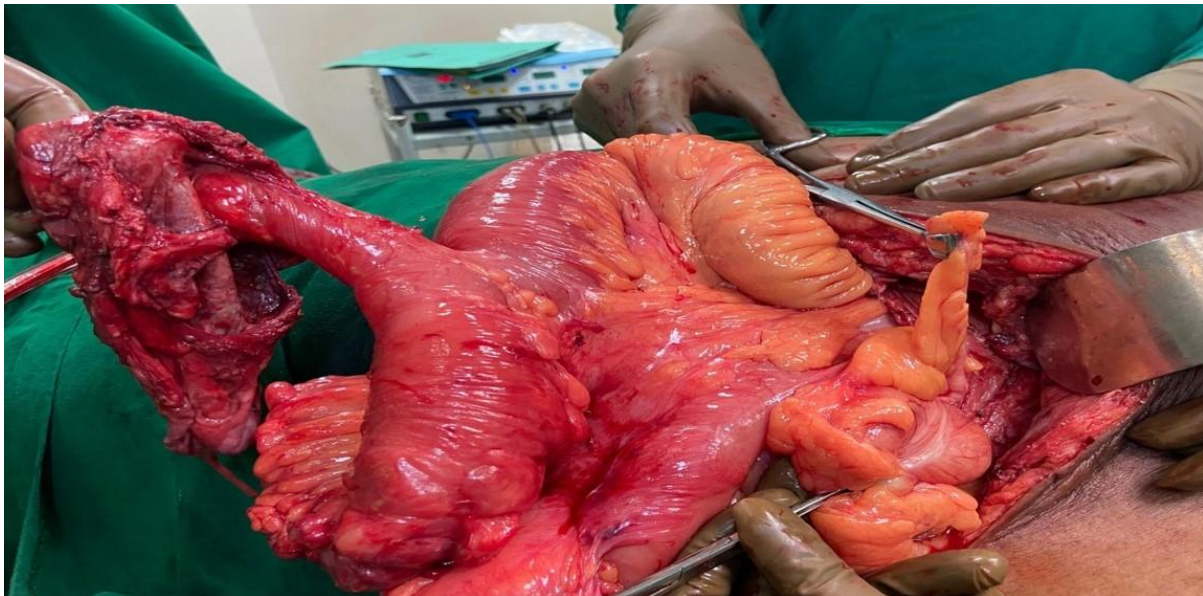


FIG 2: INTRAOPERATIVE PICTURE WITH HERNIAL SAC ATTACHED TO PERFORATED TIP OF MECKELS DIVERTICULUM

DISCUSSION

- Incisional ventral hernia occurs as a complication following abdominal surgical procedures with an incidence of 15-20%.
- Incarceration and strangulation are most severe complications of incisional hernia. In general, preperitoneal fat tissue, omentum, small and large intestine are found within the incarcerated sac.
- Meckel's diverticulum presenting as a strangulated ventral incisional hernia, is very uncommon, and preoperative diagnosis is very difficult.
- Meckel's diverticulum usually remains asymptomatic throughout life. The most common presentations of symptomatic meckel's diverticulum are GI bleed, obstruction and diverticulitis in adults. However, hernial strangulation of Meckel's diverticulum is an extremely rare clinical condition.

CONCLUSION

In conclusion, Meckel's Diverticulum, presenting as a strangulated incisional ventral hernia, is extremely rare and can be difficult to diagnose. A detailed clinical evaluation with timely operative intervention is of great importance to provide best outcomes of these patients.

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