

Spiegel's hernia: A case report

CAMARA. M'BALLOU *, HASSAN ADEN. NEIMA, RAFI. SANA, EL MGHARI.GHIZLANE and EL ANSARI. NAWAL

Department of Endocrinology Diabetology and Metabolic Diseases, PCIM Laboratory, FMPM, Cadi Ayyad University, CHU Mohamed VI Marrakech, Morocco.

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Abstract

Spiegel's hernia is a pathology of rare prevalence and represents less than 0.1% of abdominal wall hernias that corresponds to the protrusion of a peritoneal sac through an acquired or congenital orifice of Spiegel's semi-lunar line. Diagnosis often proves difficult given its peculiar location that is unfamiliar to most primary care physicians in the emergency department. It is often diagnosed at the stage of complication thus making l'strangulation a circumstance of discovery and then exposing to the sometimes serious consequences of diagnostic delay. We report the case of a 25-year-old man who had presented with the appearance of a painful swelling of the left iliac fossa. The morphological examination was in favor of a left spiegel hernia and the surgical exploration showed a hernia sac with epiploic content without any sign of pain.

Keywords: Spiegel's hernia; Seat; Peritoneal sac; Epiploic; Surgical treatment

1. Introduction

Spiegel's hernia is known to be rare, constituting 0.1 to 1% of abdominal wall hernias [1]. It is a hernia usually located para and subumbilical, situated in the semilunar line. It may contain omentum, small intestine and colon and its contents may be reducible or not. The most frequent complication is hernial strangulation resulting in acute intestinal obstruction [2]. Being asymptomatic in 90% of cases does not put to l'abri of its gravity given that the hernial strangulation remains a form discovered in 1 case out of 5 [3]. Its positive diagnosis is radiological and surgery constitutes its only treatment. In the light of an observation and a review of the literature.

2. Observation

The patient was 25 years old with a history of cushing's disease and bilateral surrenalectomy. He had been presenting for 2 months with a slight sensitivity in the left iliac fossa, without any transit disorder. The clinical examination showed a soft, slightly painful, not reducible mass on the left side, about 6 cm in diameter, with no inflammatory signs. The ultrasound had suspected a left spiegel hernia, the diagnosis had been confirmed by abdominal CT scan which showed a muscular dehiscence in left subumbilical at the level of the semi lunar line of spiegel with presence of the hernial sac with only epiploic content without signs of strangulation or intestinal suffering. The patient benefited from a cure by retro-muscular pre fascial plate on the left side with simple operative suites.

3. Discussion

The semi-moon line was first described by Adriaan van der Spieghel in 1645 [4], it corresponds to the protrusion of a peritoneal sac through an acquired or congenital anatomical orifice of Spiegel's line. It is a rare but not exceptional

* Corresponding author: CAMARA. M

pathology [5]. Spiegel's hernias occur at any age with a peak between 40 and 70 years. They affect both women and men [6,7]. There are predisposing factors such as intra-abdominal hyperpressure secondary to morbid obesity, multiple pregnancies and chronic cough, one condition present in our patient is morbid obesity. Rapid weight loss in obese patients may also play a role [8]. In most cases, the hernial sac contains omentum, small bowel, cecum, appendix or sigmoid [9]. Some authors find more atypical contents such as stomach, gallbladder, Meckel's diverticulum, ovary, uterine myoma or endometriosis nodule. Its particular location represents a diagnostic challenge. Its clinical diagnosis is often made difficult by obesity, either when the hernia is small and barely palpable. Abdominal CT remains the key examination for the confirmation of the diagnosis with a high sensitivity, it allows to see the muscle dehiscence and the contents of the hernia sac [10]. Parietal cure by prosthetic plate is the treatment of choice. Surgery is the only treatment to avoid serious complications of this condition [11]. The increased risk of digestive necrosis justifies the systematic cure of any diagnosed Spiegel hernia [12]. Prosthetic cure offers less recurrence and remains the best option.

4. Conclusion

Spiegel's hernia is a rare condition in young adults, the clinical diagnosis is sometimes difficult, but the CT scan keeps a high sensitivity for the confirmation of the diagnosis. The significant risk of strangulation requires surgical treatment once the diagnosis is confirmed.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare no conflict of interests.

Statement of ethical approval

The present research work does not contain any studies performed on animals/humans subjects by any of the authors.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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