

Answers to Medical Quiz

A1. Large left lumbar reducible swelling containing greater omentum and bowel loops.

A2. Spigelian hernia.

DISCUSSION

A spigelian hernia is also known as lateral ventral hernia. This hernia is due to weakness between the aponeurotic layer of rectus abdominis muscle medially and the semilunar line laterally. Spigelian hernias always develop at or below the linea arcuata due to poor or lack of rectus sheath development¹.

Most spigelian hernias are small in size and usually occur on the right side of lumbar region. Spigelian hernias are very rare and account for about 1% of ventral hernias¹.

Patients with spigelian hernia typically present with either an intermittent flank mass, localized abdominal lumbar pain or signs of intestinal obstruction. Spigelian hernias are commonly found in adult patients of 50 years and older. The hernia sac usually contains the greater omentum. However, other organs including the small intestine, colon, stomach, gallbladder, Meckel's diverticulum, appendix, ovaries and testes have been reported¹⁻³.

The diagnosis of a spigelian hernia depends on clinical presentation in most cases. The clinical presentation differs; it depends on the hernial sac contents and the herniation degree. The diagnosis of spigelian hernia is difficult in cases of interparietal with no obvious mass on inspection or palpation³. Ultrasound and CT scan could be used for diagnosis of non-palpable spigelian hernias³.

The treatment is often surgical and recurrence is rare. Spigelian hernia repair could be performed by open or laparoscopic approach. Laparoscopic transabdominal preperitoneal or total extra-peritoneal repair is safe, easy and feasible for experienced laparoscopic surgeons⁴.

Laparoscopic management of spigelian hernia is superior to conventional method and has significant advantage in terms of morbidity and hospital stay. The surgical outcome is excellent with minimal complications and the recurrence is rare^{5,6}.

CONCLUSION

Spigelian hernia is a rare type of ventral abdominal wall hernia. Presentation depends on the size of hernia and diagnosis based on physical examination in cases of palpable swelling. Ultrasound and CT could help in cases of non-palpable and small hernias. The surgical repair is the standard management with excellent outcome.

Potential Conflicts of Interest: None.

Competing Interest: None.

Sponsorship: None.

Submission Date: 16 November 2014.

Acceptance Date: 18 November 2014.

Ethical Approval: Approved by the Department of Surgery, Salmaniya Medical Complex, Bahrain.

REFERENCES

1. Spangen L. Spigelian Hernia. *World J Surg* 1989; 13(5):573-80.
2. Mittal T, Kumar V, Khullar R, et al. Diagnosis and Management of Spigelian Hernia: A Review of Literature and Our Experience. *J Minim Access Surg* 2008; 4(4): 95-98.
3. Aguirre DA, Casola G, Sirlin C. Abdominal Wall Hernias: MDCT Findings. *AJR Am J Roentgenol* 2004; 183(3):681-90.
4. Vos DI, Scheltinga MR. Incidence and Outcome of Surgical Repair of Spigelian Hernia. *Br J Surg* 2004; 91(5):640-4.
5. Moreno-Egea A, Carrasco L, Girela E, et al. Open vs Laparoscopic Repair of Spigelian Hernia: A Prospective Randomized Trial. *Arch Surg* 2002; 137(11):1266-8.
6. Rath A, Bhatia P, Kalhan S, et al. Laparoscopic Management of Spigelian Hernias. *Asian J Endosc Surg* 2013; 6(3):253-6.