A fistulating incarcerated incisional hernia- beware of the abdominal corset

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Abstract
An incisional hernia is usually a defect in the scar of an abdominal surgery. The natural history is intestinal obstruction with the risk of strangulation. We report a case of a long-term conservative management of an incisional hernia with an abdominal corset. This resulted in fistulation from pressure necrosis that required an en-bloc excision of the incarcerated fistulating bowel with the hernia sac.

Keywords: Hernia, Incisional, Incarceration, Corset, Fistula.

Clinical image description
A 55-yr-old African woman was admitted as an emergency with a 1 week history of progressive abdominal pain, vomiting and absolute constipation. These were associated with a large lower midline circumscribed abdominal swelling consistent with an incisional hernia. She had undergone a hysterectomy 12 yrs previously which was complicated by an enterocutaneous fistula for which she underwent a laparotomy. The incisional hernia developed a few years later and was managed conservatively with an abdominal corset. On examination, there was evidence of proximal small bowel obstruction secondary to a large, tender and irreducible incisional hernia with a faecal fistula at its apex (Figure 1). Following resuscitation with intravenous fluids and nasogastric suction, laparotomy via re-opening of the old lower midline scar revealed grossly dilated small bowel loops incarcerated in an incisional hernia sac which contained copious serous transudate (Figure 2). Due to the technical difficulties in reducing the incarcerated small bowel, the hernia sac was excised en-bloc with the incarcerated and fistulating bowel loops. An ileo-ileal anastomosis between the viable bowel ends was made and the hernia defect repaired with the Jenkin’s mass closure suture technique using 1-0 nylon. Amesh repair technique with its lower failure rate could not be used in this infectious setting. The operation took four hours. Apart from the continuing serous discharge for a week she made good postoperative recovery.

Figure 1: Incisional hernia through scar of previous surgical operation.

Figure 2: Opened hernia sac with incarcerated bowel loops and obstructed proximal small bowel.