

Hernia

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Hernia :

- It's a protrusion of viscus or part of viscus through a normal or abnormal opening in the wall of its containing cavity

Classification

1) Anatomical :

- A- External : groin, umbilical, epigastric, lumbar, gluteal
- B- Internal : Obturator, diaphragmatic, others(winslow)

classification

2) Clinical :

1. Reducible

2. Irreducible

3. Obstructed

4. Strangulated

5. incarcerated

Composition

1. Sac (fundus, body ,neck ,mouth)
2. Cover formed by layer of abdominal wall
3. Content:

Omentum --- omentocel

Bowel--- enterocele

Part of--- sliding

Portion of--- Richter

Fluid--- ascites

Ovary, fallopian tube

Etiology

1. Congenital: failure of obstruction of processus vaginalis
2. Acquired:
 - A. Increased intra abdominal pressure
 - B. Smoking
 - C. Obesity
 - D. pregnancy

Groin Hernias

- Inguinal ligament : above -- inguinal hernia
below -- femoral hernia
- Inguinal canal boundaries :
 1. Inferior- inguinal ligament
 2. Superior- conjoint tendon
 3. Posterior- trans.fascia and conjoint tendon medially
 4. Anterior-external oblique and conjoint tendon laterally

Content

1. Spermatic cord
 2. Ilioinguinal nerve
 3. Genital branch of genitofemoral nerve
- Two openings : internal and external
 - Inferior epigastric artery

Types of inguinal hernias

- Indirect : lateral to inferior epigastric artery from the internal ring
- 65% of all hernias , 55% right side , 12% bilateral
- Clinical features : swelling and pain in groin referred to scrotum, epigastric pain if omentum present
- High percentage are congenital, due to failure of obstruction processes vaginalis

Differential diagnoses

1. Femoral hernia
2. Vaginal hydrocele
3. encysted hydrocele of cord
4. Spermatocele
5. Undescended testis
6. Lipoma of cord

Direct hernia

- 35% of all hernias, medial to inferior epigastric artery
- Usually in old age, smoker, heavy worker
- May follow appendectomy due to damage of ilioinguinal nerve
- Rarely descend to scrotum
- Same ddx of indirect hernia

Treatment

- Surgery is fundamental :
 1. Herniotomy
 2. Herniorraphy
 3. Hernioplasty
- TRUSS is used in unfit patient for surgery

Femoral Hernia

- Account less than 1/3 more in female
- More liable for strangulation, TRUSS is useless
- Anatomy of canal and ring
- Differential diagnoses :
 1. Inguinal hernia
 2. LAP
 3. saphena varix
 4. Lipoma
 5. Psoas abscess
 6. Rupure of add.longus
- Treatment also by surgical repair

UMBILICAL HERNIA

- It is a failure of all or part of midgut to return to coelom in early fetal life .
- Covered by outer amniotic and inner peritoneal layer .
- OMPHALOCELE OR EXOMPHALOUS
- Types :- major or minor according to defect and content and surgical treatment .
- Always congenital

PARAUMBILICAL HERNIA

- It is a hernia through a linea alba, above or below umbilicus .
- Always acquires

UMBILICUS

- Definition , content
- Diseases of umbilicus :-
- Inflammation , infection , granuloma , dermatitis
- Fistula . Fecal , urinary , biliary
- Neoplasia . Benign or malignant (stomach , colon , ovary , ut.)
- Hernia
- Calculus
- eversion

ABDOMINAL WALL

- DEFINITION :-
- Anatomy
- Diseases: 1- burst abdomen (dhesince) .
- 2- incisional hernia .

BURST ABDOMEN : (DHESINCE)

- CAUSES :-
 - 1- GENERAL : obesity , anemia , jaundice , steroid .
 - 2- LOCAL : a) patient cough , vomiting .
 - B) surgeon . Suture , incision , closure .
 - c\f
- Treatment :-

INCISIONAL HERNIA

- Either partial or complete
- Pdf obesity , increase intraabdominal pressure
- Treatment :-1- conservative.
- 2- surgery ---- opposition -simple
- -- complex
- -- mesh