

A rare case of port site hernia following laparoscopic pyeloplasty

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Introduction

Port site hernia following laparoscopic pyeloplasty is a very rare occurrence. Early recognition can be challenging and requires a high index of clinical suspicion. The most important factors related to the formation of port site hernia are older age, midline ports, larger trocar size, wound infection, and most importantly, improper closure of the fascia at the port site (1, 2). Surgical repair of the hernia is essential to avoid serious complications such as bowel obstruction, strangulation, and perforation

Case report

A 67-year-old female presented to the outpatient surgical clinic complaining of swelling at the left flank with mild pain for more than 10 years. The swelling started three months after she underwent laparoscopic pyeloplasty for the left ureter. On abdominal examination, scars of previous transperitoneal laparoscopic pyeloplasty were noticed. At the port site scar in the anterior axillary line, a 5 cm reducible swelling was seen. An ultrasound scan revealed a 1.5 cm defect on the middle of the left flank region at the site of the previous operative scar with herniation of the omental fat. CT scan of the abdomen showed a hernia containing omentum protruding through the abdominal wall defect at the left flank (Figure 1). The patient refused surgical repair of the hernia which was managed nonoperatively.

Discussion

Post-laparoscopic pyeloplasty incisional hernia is very rare. To our knowledge, this is the first reported case in literature. Incisional hernias usually develop because of weak abdominal wall scar. Important predisposing factors include suturing techniques of the fascia and patient disease conditions contributing to improper wound healing. Proper history and physical examination will help in the diagnosis of most cases of incisional hernia, but in cases of occult hernias and obese patients, further workup with imaging is required for proper diagnosis. Complete evaluation of incisional hernias includes confirming the diagnosis, sizing the defect, and identifying the hernial content. Abdominal ultrasound and abdominal CT scan are useful tools for obtaining these details. Open and laparoscopic repair have been commonly used to treat incisional hernias and must be tailored to the patient and hernia characteristics. In general, mesh repair should be used in most incisional hernias as they reduce the rate of recurrence.

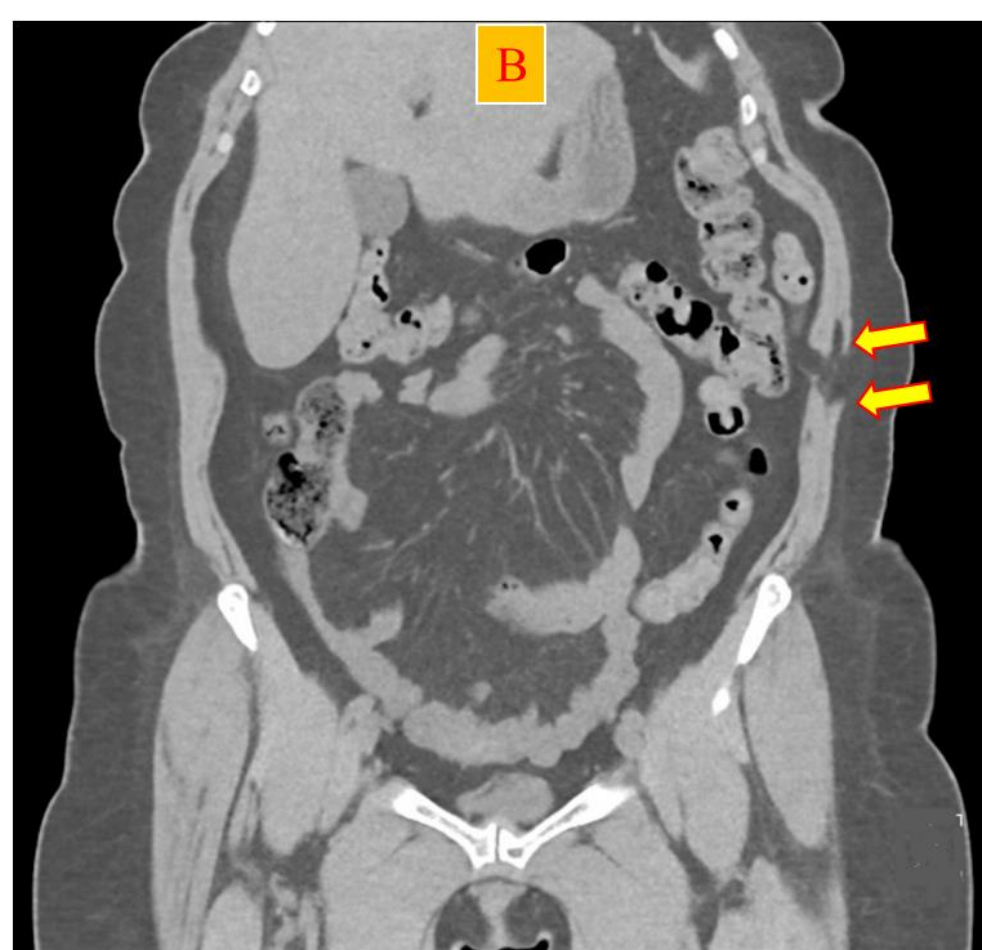


Figure 1: Computed tomography (CT) scan of the abdomen: (A) axial view and (B) coronal reconstruction shows port site hernia through the lateral abdominal wall defect following laparoscopic pyeloplasty (arrows showing the edges of the defect).

Conclusion

Post-laparoscopic pyeloplasty hernia is a rare type of incisional hernia. Early recognition will require a high index of clinical suspicion to avoid serious complications.

References

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