

Case 84

A swelling in the abdominal wall



Figure 84.1

This patient, a store man aged 62 years, had had an appendectomy performed as an emergency when he was 45. He remained well until 4 years ago when he was admitted to hospital as an emergency with a small bowel obstruction. He was operated on a few hours after admission and was told by the surgeon that his obstruction was caused by adhesions from his previous operation. Following surgery, he had a stormy time; the wound became seriously infected, discharged pus and broke down. He received prolonged courses of a variety of antibiotics and, after several weeks in hospital, was discharged home for daily dressings by the district nurse. Eventually, after about 3 months, the wound healed, leaving a rather ugly, wide scar. A few months later, an abscess appeared at the lateral end

of the wound. He attended the hospital again, the abscess was drained and a long length of nylon suture, with a knot at its end, was removed. He was then well until a year ago, when he noticed a bulge in the scar, which gradually enlarged until it reached the size shown in Fig. 84.1. The lump disappeared as soon as he lay down, but bulged again as he stood up and enlarged when he coughed or strained. Apart from some discomfort, he was not particularly troubled by the lump, but on his holidays he was embarrassed by its appearance and avoided appearing in public in bathing trunks.

As can be seen, the patient is rather obese, but apart from the swelling, clinical examination was normal.

What is this lesion called?

An incisional hernia.

What was the abscess that appeared some months after he left hospital?

A stitch abscess. This was a collection of pus around the knot of the nylon suture that had been used to close the abdominal wall after his operation for intestinal obstruction. This is a common cause of a late wound abscess or discharging sinus.

Is this hernia dangerous? If not, why not?

The hernia has a wide neck and there is little danger here of obstruction. This is in contrast to the danger presented by a femoral hernia or an indirect inguinal hernia.

Classify the possible aetiological factors that might have resulted in the formation of this hernia

This is another exercise in the classification of causes of any postoperative complication. Consider the following:

- Possible factors present before the operation.
- Factors at the operation.
- Factors after the operation.

Part 2: Cases

We have already gone through this exercise in Case 2 (p. 6), the patient with a postoperative burst abdomen; an incisional hernia might be regarded as a lesser degree of this. So consider:

- *Preoperative factors:* Anything that might affect wound healing, including vitamin C deficiency, uraemia, jaundice, protein deficiency or chronic cough.
- *Operative factors:* Poor technique.
- *Postoperative factors:* Cough, abdominal distension, wound infection or wound haematoma.

What is the treatment advised for this condition?

If the patient is troubled by the hernia and his general health is good, surgical repair of the hernia can be offered. If, however, the patient is not really bothered by the hernia, or he is in poor general condition, an abdominal corset can be prescribed.