Information snapshot

Clinical Update on Uncommon Hernia

(Part 1)

SPIGELIAN HERNIA

Spigelian hernia are uncommon hernias that may present a diagnostic challenge. They are infrequently detected on physical examination. Increasing utilization of CT scans in the evaluation of patients with abdominal pain have led to increased recognition of these hernias. Elective repair is warranted to prevent the serious sequelae of intestinal obstruction and incarceration.

Anatomy

The semilunar line marks the lateral border of the rectus sheath, from the pubic spine to tip of ninth costal cartilage. The region between the semilunar line and medial borders of external oblique, internal oblique, and transversus abdominis muscles is composed of the aponeuroses of these muscles. This region is known as the spigelian zone. Spigelian hernias occur along the length of this aponeurotic band of variable width at the lateral border of the Rectus abdominis. Most commonly, however, they are found in the region of lower abdomen between umbilicus and anterior superior iliac spine. The increased width of the spigelian fascia in this region, combined with absence of posterior rectus sheath below the arcuate line leads to more frequent hernia defects in this region.

Pathophysiology

These hernias are often intraparietal i.e. the hernia sac dissects through the layers of abdominal wall to lie beneath the external oblique aponeurosis. Most spigelian hernias are small (1-2 cm in diameter).

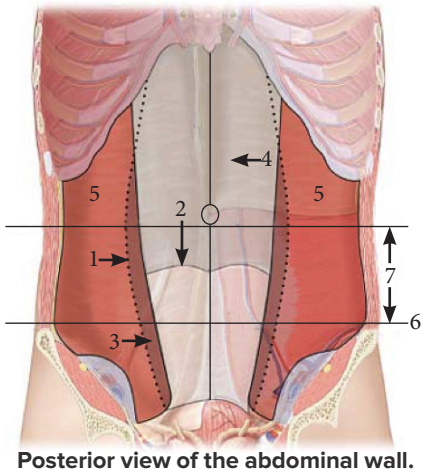
Clinical Features for GPs to watch out for:

- Patients often present with localized pain in the area without a bulge because the hernia lies beneath the intact external oblique aponeurosis.
- Physical examination infrequently detects a mass in spigelian zone
- Ultrasound or CT of abdomen are useful to establish the diagnosis.

Treatment:

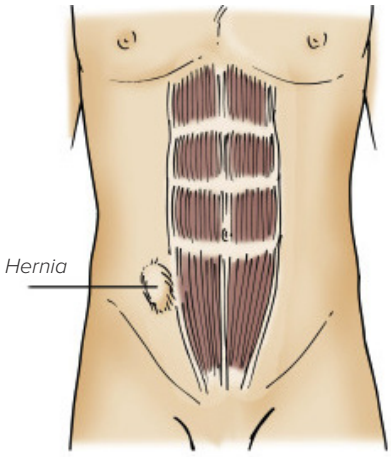
The spigelian hernia is repaired because of the risk for incarceration associated with its relatively narrow neck.

The classical repair is by open technique with or without the mesh. A laparoscopic approach with transabdominal preperitoneal (TAPP) repair can also be performed. Recurrence is uncommon. If you would like to discuss any of your cases with Dr Rajesh please contact him.



Posterior view of the abdominal wall.

(1) Semilunar line of Spiegel. (2) Semicircular line of Douglas. (3) Spigelian aponeurosis. (4) Posterior rectus sheath. (5) Transversus abdominis muscle. (6) Interspinal line connecting the anterior superior iliac spines, forming the caudal border of the (7) spigelian belt, where majority of spigelian hernias occur wit hin the spigelian aponeurosis.



About Dr Rajesh Singh

Mr Rajesh Singh is a specialist General surgeon and offers consultation services for elective general surgery with both open and laparoscopic surgery performed. He has a special interest in acute care surgery and has clinical expertise in the management of patients hospitalised with acute general surgical emergency. Dr Singh recently opened rooms at Hollywood Private Hospital.

You can read more about Rajesh here

For Enquiries & Appointments

Hollywood Specialist Centre
Suite 36, 95 Monash Avenue
Nedlands WA 6009

T: 08 9391 1141
F: 08 9391 2912
E: rajesh_ent@hotmail.com
Healthlink referrals: Singhsrg

Hollywood Private Hospital
Part of Ramsay Health Care