Incarcerated Incisional Hernia With Abdominal Wall Abscess As A Sequelae Of Peptic Ulcer Perforation Closure: A Case Report

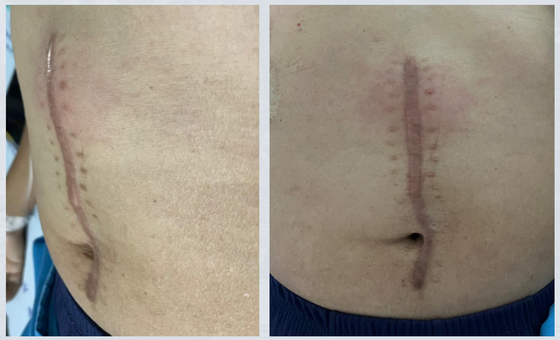
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Background

Incisional hernias occur approximately 10% to 20% following laparotomy. Classical complications include incarceration, obstruction and strangulation. Abscess formation following complicated incisional hernia has been rarely reported.

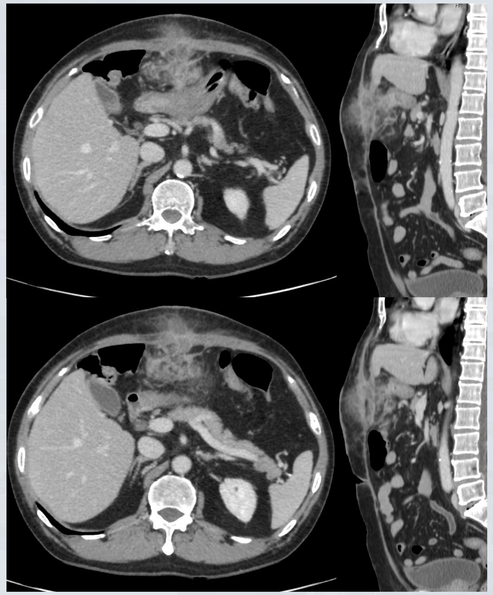
Case presentation

A 63-year-old male with a medical history of hypertension who presented with a protruding mass from his abdomen for three days. He was previously treated with peptic ulcer perforation surgery 9 months prior, in which a simple closure repair with omental patch procedure was performed. On examination, an irreducible, painful mass with erythema at epigastrium was found over the midline scar. His vitals were within normal limits and the blood test revealed leukocytosis with a left shift.



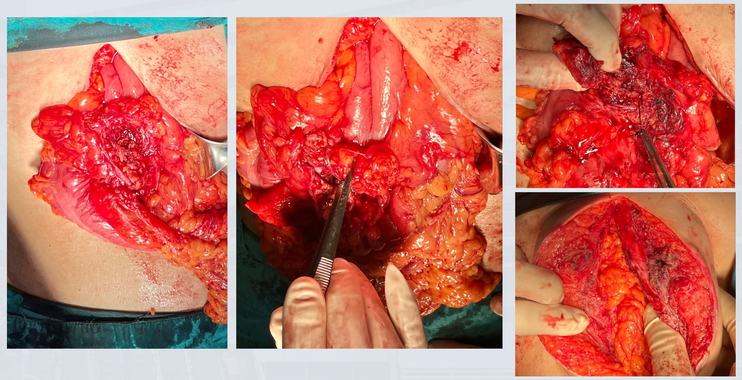
Investigation

The blood test revealed leukocytosis with a left shift. Abdominal computed tomography (CT) showed a small ventral hernia at upper abdomen with multiloculated rim-enhancing lesions at the anterior abdominal wall extending to the adjacent intraabdominal fat anterior to the gastric antrum with perilesional fat strandings



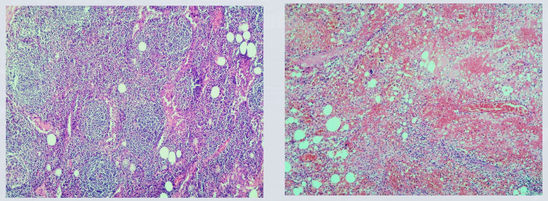
Management

Incarcerated incisional hernia with abdominal wall abscess was suspected and the patient underwent emergency surgery. Laparotomy revealed a segment of omentum which herniated through a 2-cm defect at upper portion of previous incision into the anterior abdominal wall, forming the abscess that involved subcutaneous tissue, rectus sheath, and muscles. Herniated content was a continuation of the inflamed omental patch which adhered tightly to the stomach. Whitish pus and suture materials were found inside the abscess. Omentectomy was performed removing all infected omental tissue along with omental patch. The gastric wall of the previous perforation site was exposed therefore the reinforcement sutures were placed. After debridement of infected abdominal wall tissue, the rectus sheath was carefully reapproximated. Postoperative administration of broad-spectrum antibiotics were given.



Result

Pus culture test identified moderate growth of *Streptococcus constellatus* susceptible to the treatment. Pathological report revealed acute suppurative and chronic inflammation of omentum with reactive hyperplasia of lymph node with no malignancy.



Outcome

The patient was discharged in stable conditions 7 days after admission with sutures removal at 2 weeks. At one month and one year follow-up, he was in good health with no recurrence.



Conclusion

Our case demonstrated usefulness of CT for diagnosis and successful surgical management with debridement and abdominal wall repair for incarcerated incisional hernia with abscess.

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