The Hidden Hernia: Why You Should Trust Your Preoperative Exam and Imaging When Repairing a Ventral Hernia

Jesse Ottaway, MD, Bakhtawar Mushtaq, MD, Gianfranco Galantini, MD, Robert Josloff, MD

Jefferson Abington Hospital, Department of Surgery

Introduction

Falciform ligament hernias are traditionally described as:

1. Herniation through a defect in the falciform itself
2. Incisional or epigastric hernias containing part of the falciform

Case Presentation

- 57-year-old female with complaints of discomfort from a bulge in the mid abdomen
- Only surgical history was tubal ligation
- Reducible ventral hernia present on exam
- CT: Ventral hernia with narrow aperture
- Underwent robotic-assisted laparoscopic repair of ventral hernia

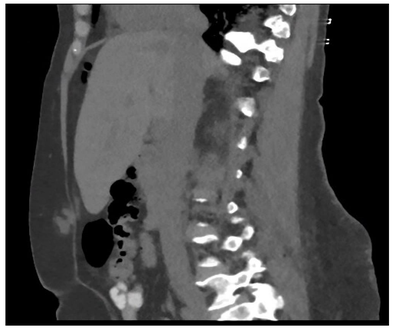


Figure 1: CT scan demonstrating fat-containing ventral hernia

Operative Course

- Ports placed; robot docked
- Anterior abdominal wall examined: **no hernia defect found**
- Falciform ligament divided
- **Ventral hernia defect discovered directly adjacent to falciform attachment**
- Moderate amount of incarcerated preperitoneal fat noted
- Hernia contents reduced and the defect was closed and reinforced with mesh in a standard pre-peritoneal fashion
- Discharged the same day

Discussion

- While imaging and exam demonstrated a standard ventral hernia, this was not apparent in the operating room
- Utilizing imaging and physical exam findings in the OR is critical as the anatomic relationships between structures change with anesthesia and pneumoperitoneum
- Once the abnormal anatomy was identified the procedure proceeded in the standard fashion
- Unlike other falciform hernias, the falciform itself was not herniated through the defect but rather was covering the opening

Intraoperative images

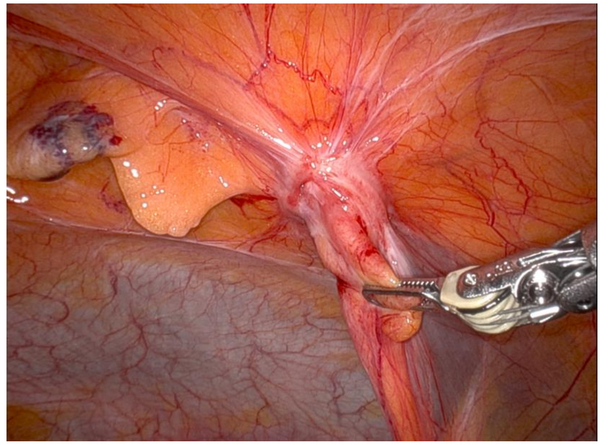


Figure 2: Intraoperative image demonstrating the falciform ligament masking an underlying ventral hernia

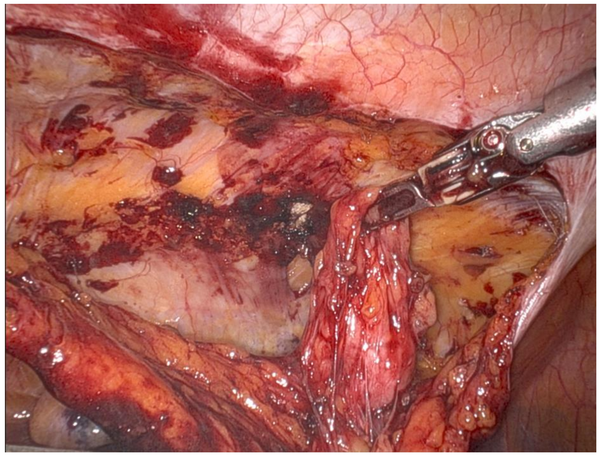


Figure 3: Intraoperative image of reduced fat-containing ventral hernia prior to preperitoneal mesh placement. The falciform has been dissected off the abdominal wall.