



RARE HERNIAS FROM THE EYES OF RADIOLOGIST

Radiodiagnosis

Dr. Mohit Mukhi DY Patil Hospital and Research Centre Navi Mumbai, Maharashtra

Dr. Thahir V. U.* DY Patil Hospital and Research Centre Navi Mumbai, Maharashtra *Corresponding Author

Dr. Madan Manmohan DY Patil Hospital and Research Centre Navi Mumbai, Maharashtra

Dr. Pratik Patil DY Patil Hospital and Research Centre Navi Mumbai, Maharashtra

Dr. Zeny Vyas DY Patil Hospital and Research Centre Navi Mumbai, Maharashtra

KEYWORDS

AIMS AND OBJECTIVES

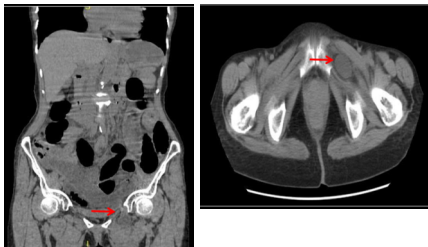
- To illustrate the CT findings in different types of hernias.
- To determine the role of CT in confidently diagnosing different types of hernias, their contents and differentiating from other masses

INTRODUCTION

- A hernia is defined as "protrusion of a part or structure through the tissues normally containing it".
- The contents of an abdominal hernia most commonly consist of fat and bowel, but almost any solid or hollow abdominopelvic viscus can be partly or completely contained within a hernial sac.
- Diagnosis is usually made at physical examination; however, clinical diagnosis can be difficult, especially in patients with obesity, pain, or abdominal wall scarring
- In these cases, abdominal imaging may be the first clue to the correct diagnosis.
- Currently, CT has assumed a dominant role.

CASE 1

A 61 year old female patient presented with the complaints of pain in the left hip which was radiating to left thigh since 5-6 months.

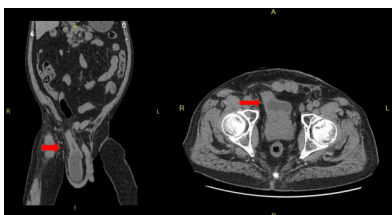


CT also reveals herniation of the short segment of the mid ileum through the left obturator foramen which lies superficial to the left obturator externus and deep to the pectineus muscle.

- OBTURATOR HERNIA** is herniation of bowel loops through the obturator foramen which lies superficial to the obturator externus and deep to the pectineus muscle.
- The condition has been nicknamed the 'little old ladies hernia' as it affects this group due to atrophy and loss of the pre-peritoneal fat around the obturator vessels in the canal predisposing hernia formation.

CASE 2

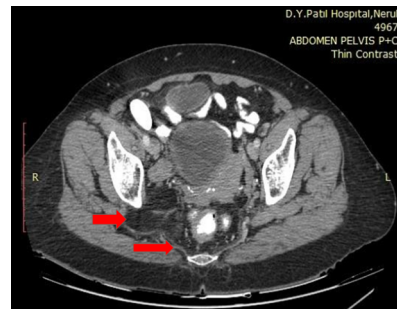
A 73 year old male presented with complaints of abdominal pain and swelling over the right in guino- scrotal region.



Herniation of the urinary bladder into the inguinal canal.

Case 3

A 70 year old female came with complaints of pain in abdomen. USG revealed a cystic pancreatic lesion, then she was advised CT abdomen.



There is herniation of pelvic floor fat through the greater sciatic foramina into the right gluteal region between the gluteus medius and maximus muscle suggestive of sciatic hernia.

CONCLUSION

Radiologists should assess the abdominal wall on all CT scans to detect clinically occult hernias. If a hernia is detected, it is important to delineate its site, size, contents, shape, and related complications. MDCT with multi planar reformations provides a unique perspective on abdominal anatomy, shows wall defects to best advantage, and adds important information in the interpretation and planning of treatment

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