



Chronic Epigastric Hernia since 25 Years

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Keywords: Chronic epigastric hernia; Hernia; Abdominal swelling; Diastasis recti; Abscess; Muscle strain; Seroma; Wound hematoma; Lymphadenopathy; Soft tissue malignancy; Rectus sheath hematomas.

Clinical Image description

A 65 year-old male patient came to the Outpatient Department (OPD) of Mahatma Gandhi Ayurveda College, Hospital and Research Center, Salod, Wardha with a complaint of swelling and pain in epigastric region for 15 years. On examination, it was found to be a epigastric hernia with impulse on coughing and irreducibility. On ultrasonography, it was reported to be a chronic epigastric hernia. All hemodynamic parameters were within normal limits. The patient has advised surgery (epigastric hernioplasty with umbilectomy) under spinal anesthesia. After taking hernioplasty consent patient was posted for surgery. Linear incision was taken and deepened upto Linea alba. Layers were separated upto Rectus abdominis sheath adhesions were

separated and defect identified and placed back. Umbilectomy done. Meshplasty and anatomical repair was done. Layers approximated and drain fixed and closure done by vicryl 3-0. Skin closer done by ethilon 2-0. Hemostasis achieved and dynaplast bandaging done. The specimen was sent for histopathological evaluation. The patient was kept in the ward for seven days for post-operative management. He had a low-grade fever on the first post-operative day. Given intravenous antibiotics for five days and other medications like analgesics Intravenous fluids The patient was discharged after seven days and later called for stitch removal after five days. Patient is absolutely free of symptoms now.





Figure 1: Superficial view of epigastric defect.

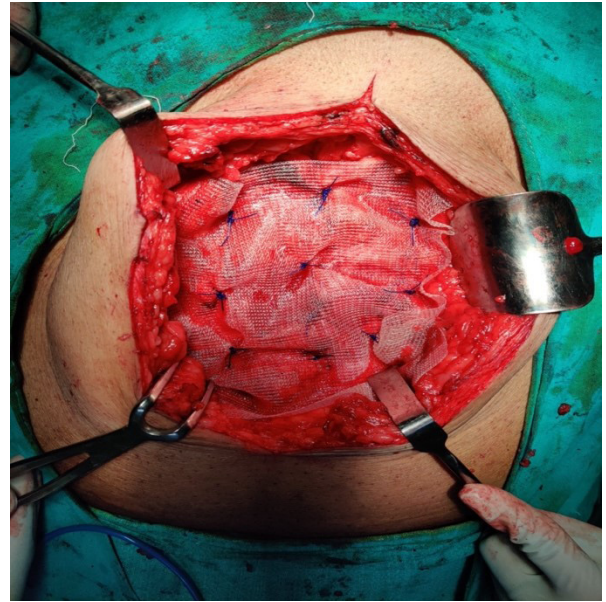


Figure 3: Epigastric Hernia Mesh Repair.

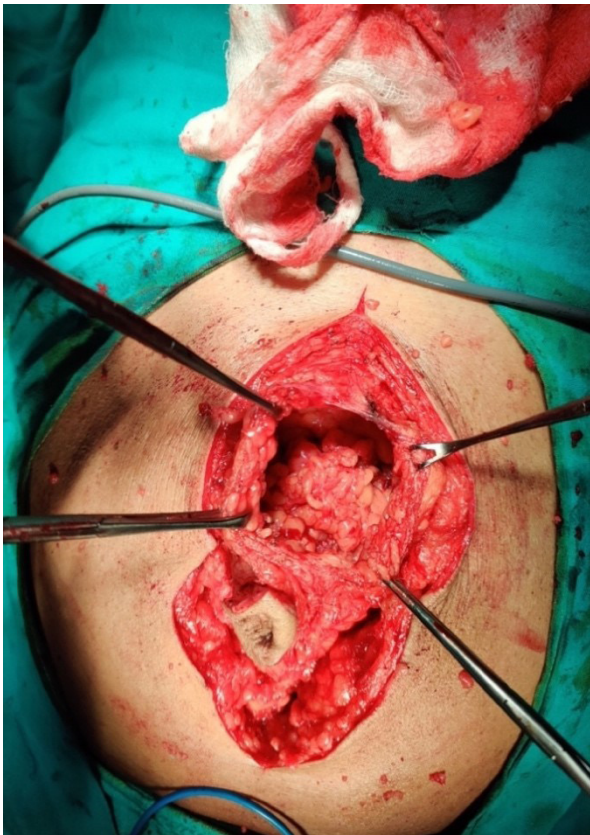


Figure 2: Operative view of Epigastric hernia defect.



Figure 4: Post pic after suture removal after 15 days.