34 years old woman

- 2010: Operated for ‘endometriosis’
- and afterwards severe pain mainly in the right fossa; extending up to umbilicus and radiating to upper right thigh and also perineal.
- Diagnosis of ‘nerve lesion’
- Repeat laparoscopy: negative
- 2015: IVF -> baby

- 2016 .........invalidating pain, wheel chair, could not move, difficulty to walk.....
Diagnostic laparoscopy

- Endometrioma 3 cm left side
- Endometriosis of the appendix
Hernia
Suture
Spigelian hernia in gynecology

- Next morning the patient told us ‘I am ok’ and she start to walk in the afternoon.
Spigelian Hernia

- First recognized by Josef T. Klinkosh in 1764, and named after Adrian van der Spieghel (1576–1635 Brussels), an anatomist who first described the semilunar line.

- A hernia through the spigelian fascia, which is the aponeurotic layer between the rectus abdominis muscle medially, and the semilunar line laterally.

- Rare: 1% of hernia’s: 482 publications in surgery
Spigelian Hernia: symptoms

- either an intermittent mass
- or localized pain,
- or signs bowel obstruction

Diagnosis not very clear

- Ultrasound
- CAT scan

Predisposing factors

- obesity, rapid weight loss, multiple pregnancies, Chronic Obstructive Pulmonary Disease (COPD), chronic constipation, ascites, traumas, and previous surgery
Spigelian Hernia: repair

- Mesh: a classical preperitoneal repair (Wantz), local anaesthesia or general sedation; day-surgery. An oblique or horizontal incision, the aponeurosis of the oblique major and of the oblique minor is opened. The hernia sac is isolated and reduced. A mesh in the preperitoneal space, anchored to the muscles and aponeuroses. The aponeurosis of the oblique major and of the oblique minor are closed.

G. Campanelli · D. Pettinari · FM. Nicolosi
E. Contessini Avesani

Spigelian Hernia

Hernia (2005) 9: 3–5
Spigelian Hernia: laparoscopic repair

- N=35; 16 since 2010; mostly case report
- Mesh not strictly required
Spigelian hernia and trocar insertion

Suggestive evidence

Spigelian Hernia: conclusions

- Spigelian hernia remains a rare condition. Most reports are hernia-pain-bowel incarceration.
- Increase in reports over the last decade.
- Suggestive evidence:
  - that trocar insertion might be causally related.
  - that diagnosis is difficult for smaller SH.
  - Laparoscopic suture is sufficient for smaller SH.
- Message for us gynecologist:
  - Be aware of SH when pain in abdominal wall.
  - Be ready to diagnose and repair.
  - Trocar insertion: avoid semilunar line.