

ESGE – From revolution to
continuous innovation

BE ambitious
BE curious
BE in Brussels

SPIGELIAN HERNIA

Anastasia Ussia



ESGE 25th Annual Congress

2nd – 5th October 2016
Square · Brussels

34 years old woman

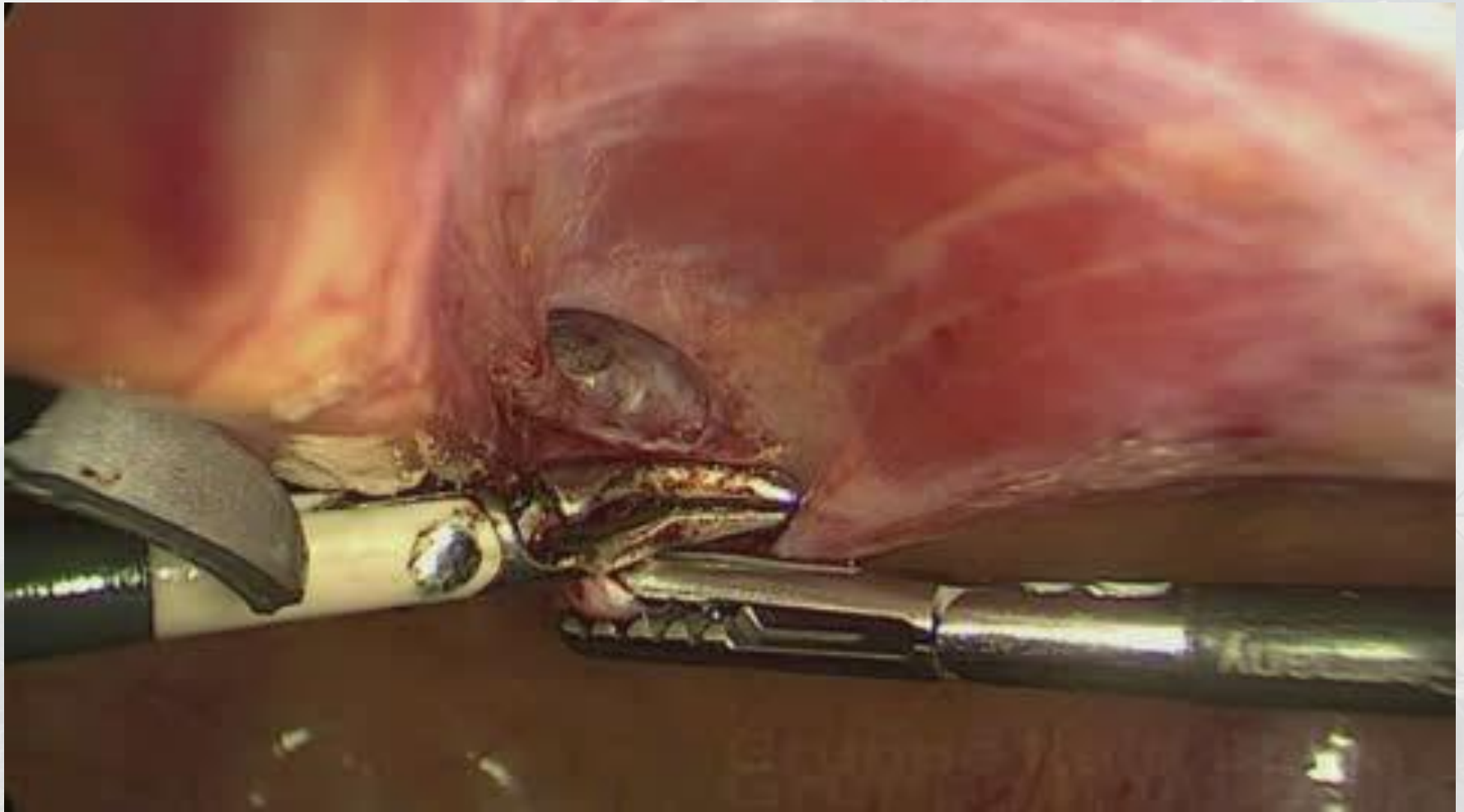
- 2010 : Operated for 'endometriosis'
- and afterwards severe pain mainly in the right fossa ; extending up to umbilicus and radiating to upper right thigh and also perineal.
- Diagnosis of 'nerve lesion'
- Repeat laparoscopy : negative
- 2015 : IVF -> baby
- 2016invalidating pain, wheel chair , could not move , difficulty to walk.....

Diagnostic laparoscopy

- Endometrioma 3 cm left side
- Endometriosis of the appendix



Hernia



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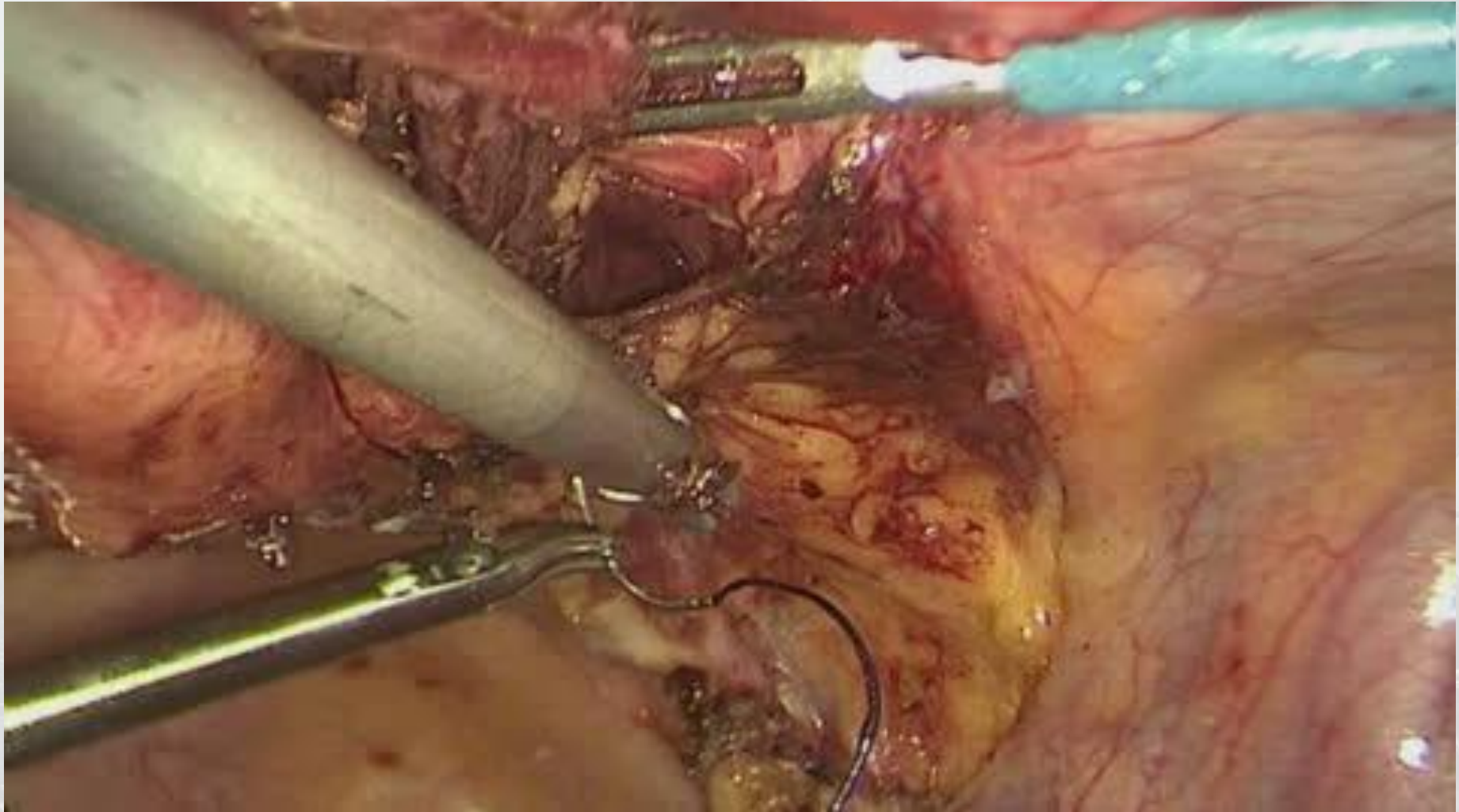


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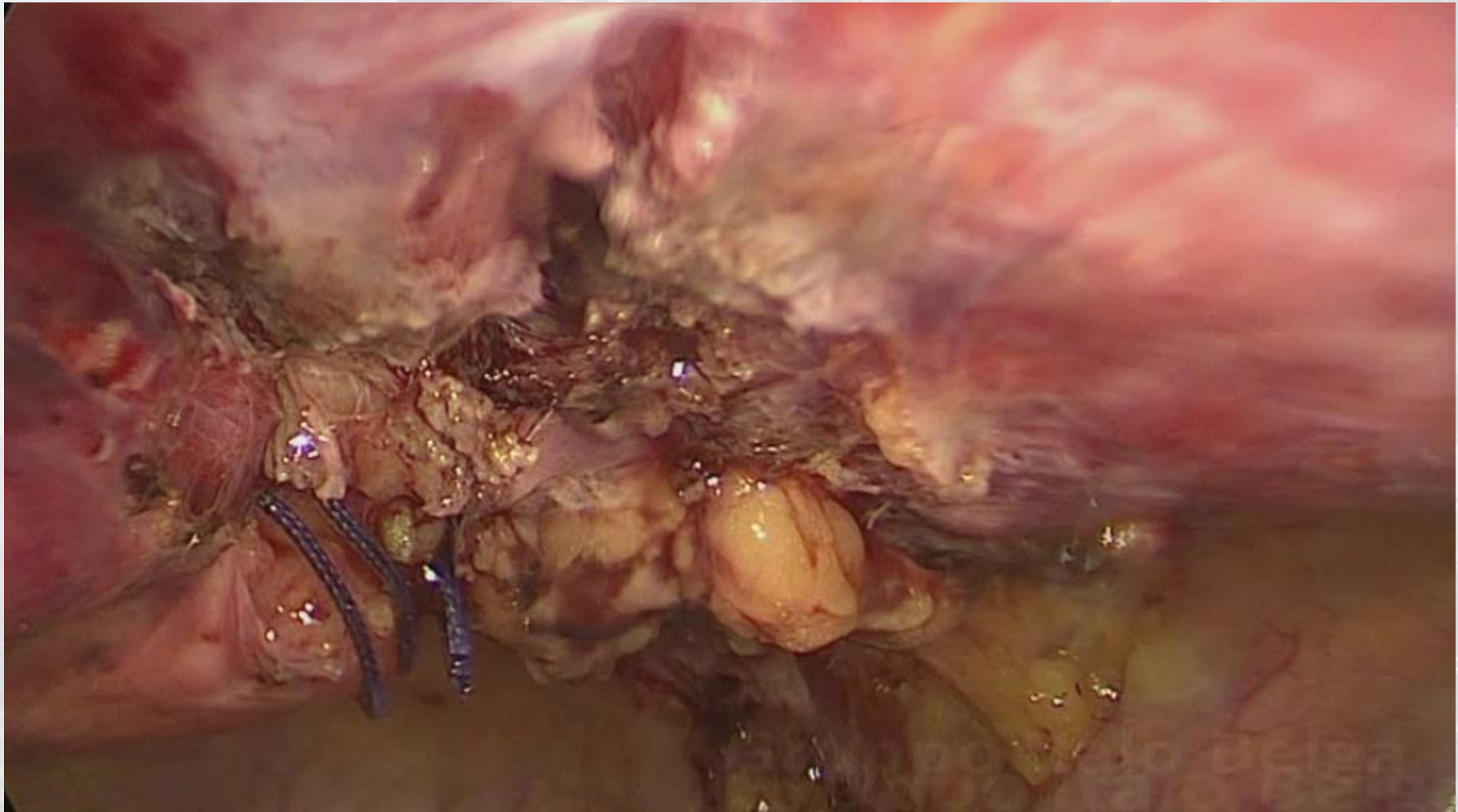
Suture



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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

Spigelian Hernia : laparoscopic repair

- N=35 ; 16 since 2010 ; mostly case report
- no comparative data with abdominal repair. Overall, laparoscopic repair of the SH is a safe and acceptable method (Barnes TG, McWhinnie DL. *Laparoscopic Spigelian Hernia Repair: A Systematic Review*. Surg Laparosc Endosc Percutan Tech. 2016;26:265-270.)
- The high incidence of Spigelian hernias associated with direct inguinal hernias suggests a high index of suspicion for Spigelian hernias during laparoscopic inguinal herniorrhaphy (Tran H, Tran K, Zajkowska M, Lam V, Hawthorne WJ. Single-incision *laparoscopic repair* of *Spigelian* hernia. JSLS. 2015;19:e2015.)
- Mesh not strictly required

Spigelian hernia and trocar insertion

Suggestive evidence

- Bassi A, Tulandi T. Small bowel herniation through a spigelian defect within 48 hours after laparoscopy. *J Minim Invasive Gynecol* 2013;20:392-3
- Tsu JH, Ng AT, Wong JK, Wong EM, Ho KL, Yiu MK. Trocar-site hernia at the 8-mm robotic port after robot-assisted laparoscopic prostatectomy: a case report and review of the literature. *J Robot Surg.* 2014;8:89-91.
- *Spaliviero M, Samara EN, Oguejiofor IK, DaVault RJ, Albrecht RM, Wong C.* Trocar site spigelian-type hernia after robot-assisted laparoscopic prostatectomy. *Urology.* 2009;73:1423-1425
- *Slakey DR, Teplitsky S, Cheng SS.* Incarcerated Spigelian hernia following laparoscopic living-donor nephrectomy. *JSLS.* 2002;6:217-219

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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