A Spigelian hernia is a hernia through the spigelian fascia, which is the aponeurotic layer between the rectus abdominal muscle medially and the semilunar line laterally. There is a common misconception that they protrude below the arcuate line owing to deficiency of the posterior rectus sheath at that level, but in fact, the defect is almost always above the arcuate line. These are interparietal hernias, meaning that they do not lie below the subcutaneous fat but penetrate between the muscles of the abdominal wall; therefore, there is often unnoticeable swelling. Spigelian hernias are usually small, and therefore, the risk of strangulation is high. Most occur on the right side (4-7th decade of life).

Keywords: Direct hernia, Homolateral, Spigelian hernia

INTRODUCTION

A Spigelian hernia is rare and account for ~1% (range 0.1-2%) of all ventral hernias. There may be a slightly increased female preponderance with male to female ratio is 1:1.18.

They may be congenital or acquired.

A Spigelian hernia can be associated with the ipsilateral cryptorchidism among 75% male infants.

Two hypotheses have been proposed to explain the association, but the precise theory is always a debate
- Spigelian-cryptorchidism syndrome (failure in the development of gubernaculum).
- Raveenthiran syndrome (ectopic testis from a potential hernia sac).

CASE REPORT

A 78-year-old male patient presented to the department of general surgery with a history of pain and swelling in the left inguinal region since 3 months and a swelling in the left iliac region since 2 months. The swelling increases on straining and standing position and relieved on lying down.

On Examination
1. 4 cm × 4 cm soft, reducible swelling confined to the left inguinal region with cough impulse.
2. 4 cm × 4 cm soft, tender, reducible swelling confined to the left iliac region with cough impulse.

External genitalia - Normal (Figure 1 and 2).

Investigations - Ultrasonography -scan revealing two defects (Figure 3).

Per-operative Findings
On exploration, a 4 cm × 4 cm defect was noted in the left lateral margin of rectus sheath (Spigelian hernia), and a 2.5 cm × 2.5 cm defect was noted in the posterior wall of left inguinal region present (direct hernia) (Figure 4).

Given age, meshplasty with a single proline mesh was done (Figure 5).

The patient tolerated the procedure well and the post-operative period was unvaried.

DISCUSSION

A Spigelian hernia is named after Adriaan van Spiegel, who described the semilunar line. However, the hernia was...
first described by Klinkosch in 1764.¹ The hernia appears to peak in the 4-7th decades. The male to female ratio is 1:1.18. Spigelian hernias are very uncommon and constitute only 0.12% of all abdominal wall hernias.²

A Spigelian hernia can be congenital or acquired.³ Perforating vessels may weaken the area in the spigelian fascia (the aponeurotic layer between rectus abdominal muscle medially and semilunar line laterally) and a small lipoma or fat enters here which gradually leads to hernia formation. A Spigelian hernia may be related to stretching in the abdominal wall caused by obesity, multiple pregnancies, previous surgery or scarring. A Spigelian hernia can be described as a complication of chronic ambulatory peritoneal dialysis.⁴

A diagnosis of Spigelian hernia presents greater difficulties than its treatment. Only 50% of cases can be diagnose preoperatively.⁵⁶ The clinical presentation varies, depending on the contents of the hernial sac and the degree and type of herniation. Pain is the most common symptom varies, and there is no classical pain of Spigelian hernia. Findings to facilitate diagnosis are a palpable hernia and a palpable hernial orifice. Large, easily noticeable Spigelian hernias are not a diagnostic problem. It is small hernias and hernial
orifices that should be overlooked as they are masked by the subcutaneous fat and an intact external aponeurosis. In the absence of a palpable orifice or sac, with a tensed abdominal wall most strongly suggests the diagnosis. A Spigelian hernia can be ruled out in patients without palpable tenderness. Ultrasonic scanning should be recommended for verification of the diagnosis in both palpable and nonpalpable Spigelian hernia.7-10 The hernial orifice and sac will be demonstrated by computed tomography, which gives more detailed information on the contents of the pouch compared to ultrasonic scanning.

The treatment for a Spigelian hernia is surgery, and the risk of recurrence is low. The danger with leaving an untreated Spigelian hernia is that the weakness in the abdominal wall may increase in size which then becomes increasingly intolerable. As a result of this, this hernia cannot be pushed back into place which then causes damage to the colon or the bowel.11-16 If these become strangulated by a blocked blood supply, then a patient will deteriorate and eventually die.

CONCLUSION

This case is particularly notable because of the unusual presentation of Spigelian hernia with ipsilateral direct hernia in a 78-year-old patient. To our knowledge, the present case represents one of the very few cases of Spigelian hernia with a direct inguinal hernia on the same side.

REFERENCES


