



LUMBAR HERNIA MISDIAGNOSED AS LIPOMA - A CASE REPORT KRISHNA BHARATH M S

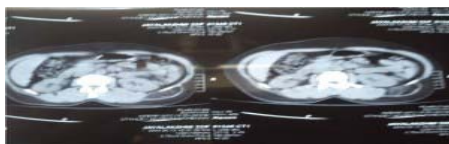
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Abstract : Lumbar hernia is a rare abdominal wall defect and clinical suspicion is necessary for diagnosis. We report a case of 32 year old woman with a superior lumbar hernia (Grynfelt hernia) initially misdiagnosed as a lipoma. The patient was evaluated and correct diagnosis was made, repaired using synthetic mesh. The patient was on follow up without any postoperative complications. Lumbar hernia is one of the rare cases for which high clinical suspicion is necessary. We report a case of lumbar hernia misdiagnosed as lipoma by another. We alert fellow surgeons to keep in mind lumbar hernia in mind before diagnosing lumbar swelling as lipoma.

Keyword : LUMBAR HERNIA

CASE REPORT:

A 32 year old woman presented with a diagnosis of lipoma of lumbar region. She had a palpable mass and occasional pain. Denied any history of trauma or surgery. On careful examination cough impulse was made out. USG and CT scan confirmed our diagnosis as lumbar hernia. Patient was posted for surgery, abdominal defect of 3 cm was found and repaired primarily with nonabsorbable sutures, supported with synthetic mesh. Her postoperative course was uneventful. She was discharged after 3 days, was on follow up without any post operative complications.



CT SHOWING LUMBAR HERNIA



HERNIAL CONTENT



DEFECT IN LUMBAR TRIANGLE



POST OPERATIVE PICTURE

DISCUSSION:

Lumbar hernias are known since the year 1672, to date are described in the English medical literature about 300 cases of lumbar hernias. Defined as protrusion of viscus between 12th rib and iliac crest where aponeurosis of transversalis muscle is covered by latissimus dorsi, contents were usually perinephric, pericolic fat, intestine, caecum, kidney, spleen. Divided into superior (Grynfelt) and inferior (Petit). Primary hernias are more common in elderly, secondary are common following surgery, trauma. Congenital are common in children. Its diagnosis is confirmed by clinical examination and imaging studies. Complications are incarceration, strangulation. The repair can use conventional surgery or laparoscopy. Currently use of meshes is universally accepted.

CONCLUSION:

Although a rare pathology, knowledge of lumbar hernia is important to avoid misdiagnosis. In particular, Lumbar or flank mass should always arise suspicion of lumbar hernia.

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