Umbilical Hernia Rupture Associated with Hepatic Cirrhosis

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Citation

Abstract

We report an umbilical hernia rupture in a patient with hepatic cirrhosis and ascites. These patients should be identified early and the hernia electively repaired.

Figure 1

Fig 1. Umbilical hernia

This gentleman with a background of cirrhotic liver disease presented with spontaneous discharge of 8L of ascites from a ruptured umbilical hernia caused by an area of skin ulceration and pressure necrosis. He was initially managed conservatively with albumin infusions, intravenous antibiotics and sterile pressure dressing to prevent bacterial peritonitis. He underwent a laparoscopic hernia repair after medical optimization.

DISCUSSION

Approximately 20% of patients with ascites secondary to cirrhosis have umbilical hernias [1]. Case series advocate elective repair as many patients suffer incarceration and more rarely, rupture, requiring urgent surgical intervention, which is associated with a higher risk of adverse outcome [2]. The injection of fibrin glue has been reported as a temporary treatment for a ruptured umbilical hernia in a cirrhotic patient [3]

References

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