

## Enlarged Umbilical Hernia Forming A Skin Ulcer: Our Case Report

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## Abstract

*Umbilical hernias are common, but complications such as skin ulceration due to chronic tension are rare. We present a unique case of a female patient with a long-standing umbilical hernia that led to a full-thickness skin ulcer. Surprisingly, her primary concern was ulcer healing rather than hernia repair. Symptoms such as constipation and feeling of heaviness disappeared after mesh repair of the hernia.*

**Keywords:** Umbilical hernia, ulcer, constipation, mesh repair.

## Introduction

In the following manuscript, we present the surgical repair of an enlarged umbilical hernia which had existed for over 40 years in an 82 y.o. female patient with no prior strangulation.

## Case Report

An 82 y.o. patient, name initials A. C., was admitted to the medical office with an enlarged umbilical hernia which had existed for over 40 years, causing constipation, feeling of heaviness in the abdomen and due to the pressure, all these years, the skin had opened in a spot, forming a full-thickness ulcer (Figure 1). Surprisingly, the initial reason of the visit was the healing of the ulcer rather than the fixation of the hernia! It was explained to her that we have to fix the hernia, so that the above-mentioned symptoms do not exist anymore and to remove the spare skin as well as the ulcer within. During the clinical examination, it was impossible to reduce the hernia despite the maneuvers that took place, as a very big part of the small intestine was outside the abdomen, leading to the conclusion that the umbilical hiatus was small enough and to the fact that she was fortunate that an intestinal strangulation never occurred through all these years. Eventually, she was convinced to undergo the operation and fix the hernia.

In operation room, under general endotracheal anesthesia, with careful movements, as the skin was very thin and the small intestine lying exactly beneath, we managed to find the hernia sac (Figure 2), and after entering the sac, a difficult and careful adhesiolysis took place. Right after that, the content entered the abdominal cavity through the hernial hiatus as shown in Figure 3 and closed with Nylon loop No 2 and above it, we placed a mesh 15 x 15 cm of polypropylene that stayed in position with stitches of Nylon 2/0. The subcutaneous fat was closed with Vicryl 3/0, running manner. The excess skin involving

the ulcer, was removed and the skin closure was achieved with Monocryl 3/0. The patient was mobilized 5 hours post-operation and the next day was discharged from the hospital, with a postoperative elastic belt, that she had to be wearing it for at least a month.

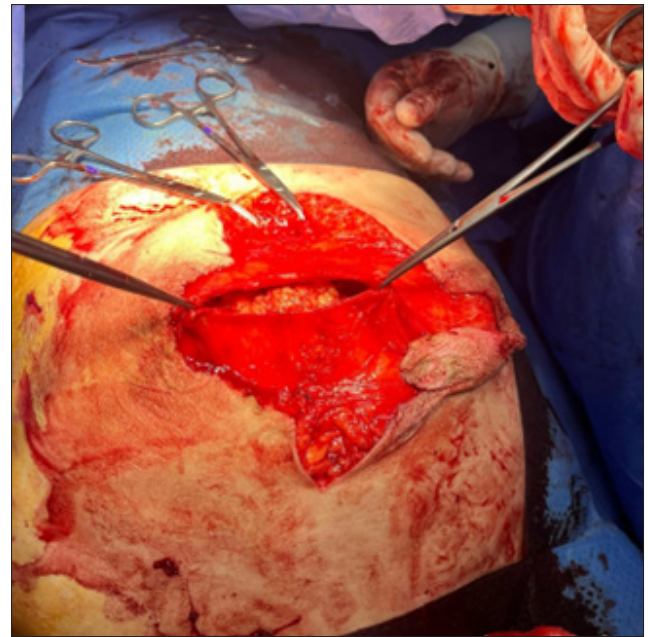
Figure 4 depicts the patient one-month post-operation, with a very nice and satisfying skin closing, with no feeling of heaviness anymore. Moreover, she never complained of constipation again.



**Figure 1:** The hernia with the skin ulcer due to tension beneath.



**Figure 2:** The hernial sac with its content.



**Figure 3:** The hernial hiatus after returning the content in the abdominal cavity.



**Figure 4:** The patient one-month post-operation.

### Discussion

In the follow-up, every two days for the first week, the patient was visiting the medical office to have her wound closing examined and taken care of it. She had no complaints of pain or difficulties in walking. After the week has passed, she was able to clean the wound, every second day, for one more week.

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