Primary lumbar hernia : analysis of three cases

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Les hernies lombaires. Analyse de 3 cas

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RÉSUMÉ

Prérequis : Les hernies lombaires sont rares ; elles sont dues à un défect pariétal au niveau de la paroi abdominale postérieure à travers le triangle de Jean Louis Petit ou le quadrilatère de Grynfelt.
But : Rapporter 3 cas de hernies lombaires en insistant sur les difficultés diagnostiques et les modalités thérapeutiques.
Observations : Il s'agit de 3 cas de hernies lombaires : 2 femmes et un homme. L'âge moyen était de 78 ans. Le motif de consultation était essentiellement une masse lombaire. Tous les patients ont été opérés à ciel ouvert via une incision lombaire. Les suites opératoires étaient simples et il n'y avait pas de récidive.
Conclusion : Les hernies lombaires sont rares. Un diagnostic précoce est souhaitable permettant d'éviter la survenue de complications graves. Le seul traitement curatif est chirurgical et doit être réalisé dès que le diagnostic est établit.

Mots-clés
Hernies lombaires - chirurgie

SUMMARY

Background: Lumbar hernia is relatively rare; it is due to a defect of the posterior abdominal wall.
Aim: To report three new cases of lumbar hernia and insist of the modalities of treatment.
Cases report: There are 2 women and one man. Mean age was 78 years. The mean symptom was lumbar mass. All patients had open surgery (by lumbar incision). The post operative course was uneventful.
Conclusion: Primary lumbar hernias are rare. Earlier diagnosis of non complicated hernia should be of primary importance to avoid some serious complication. The only curative treatment is surgery and must be done as soon as the diagnosis was made.

Key-words
Lumbar hernia - surgery

Lumbar hernias are uncommon [1]. Only 250 to 300 cases have been reported in the literature [2]. Most of them are secondary to trauma or previous surgery, while primary lumbar hernias are rare. We report our experience with primary lumbar hernias managed in our hospital. The aim of this study was to investigate the clinical manifestation, the diagnosis of lumbar hernia and the outcome of the surgical procedure.

METHODS

We retrospectively reviewed the clinical records of three patients with lumbar hernias who had been operated over 9-year period at Siliana hospital (from November 1998 to June 2007).

RESULTS

The mean age was 78 years (range 70 -86); two were women and one was a man. All patients presented with soft, non tender, reducible swelling (figure 1), measuring from 4 to 7 cm in diameter, sitting in the right lumbar region for two patients and in the left lumbar region in one case. All patients had no history of surgery or significant trauma.

Figure 1 : Soft swelling in the lumbar area

Computed tomography was performed only in two cases. The hernias were located in the superior triangle of Grynfelt-Lesshaft and contained extra-peritoneal fat with no viscera (figure 2).

All patients had open surgical (by lumbar incision): the hernial content was retroperitoneal fat (figure 3). There was no solid organ or bowel. We excised the sac, and repaired the defect by using synthetic mesh placed in the extra peritoneal space, below the muscular layers, using a tension-free technique (figure 4).

Patients have been followed up respectively from one year to nine years and there was no case of recurrence or postsurgical sequelae.

Figure 2 : CT scan : lumbar hernia containing retropeitoneal fat

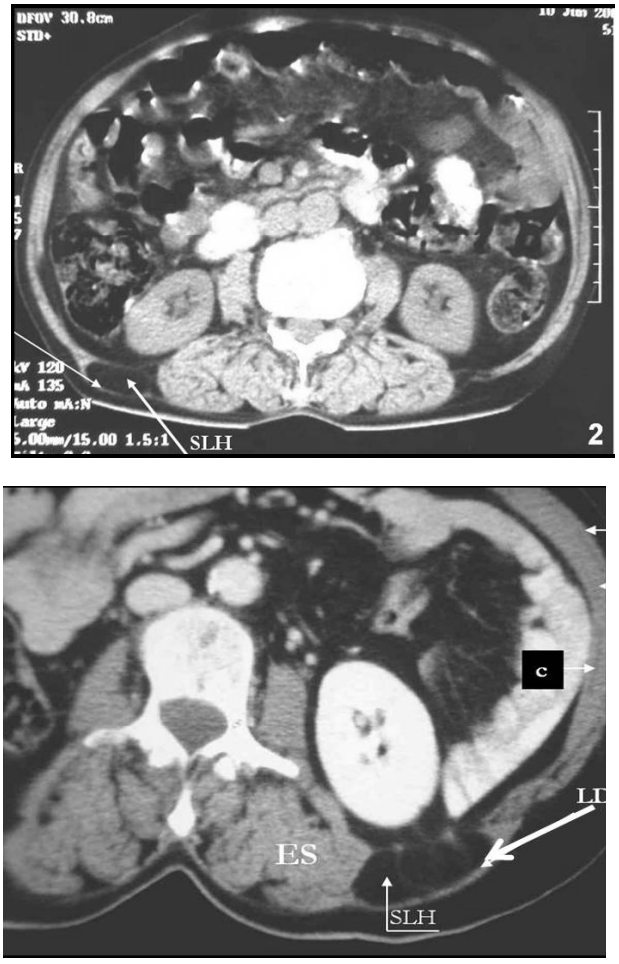


Figure 3 : Per operative view

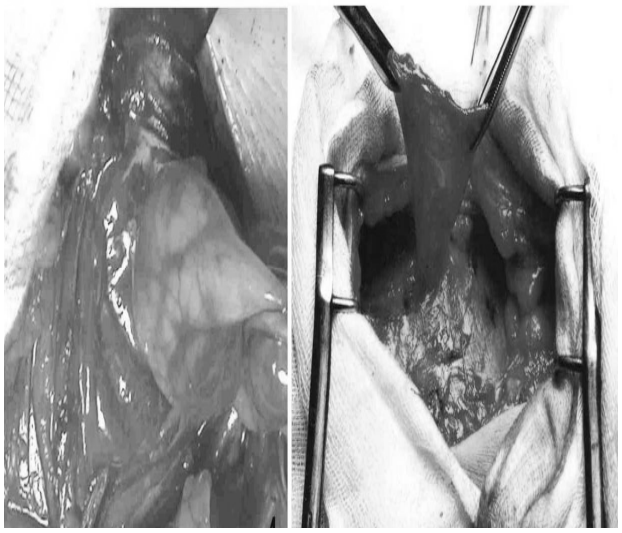
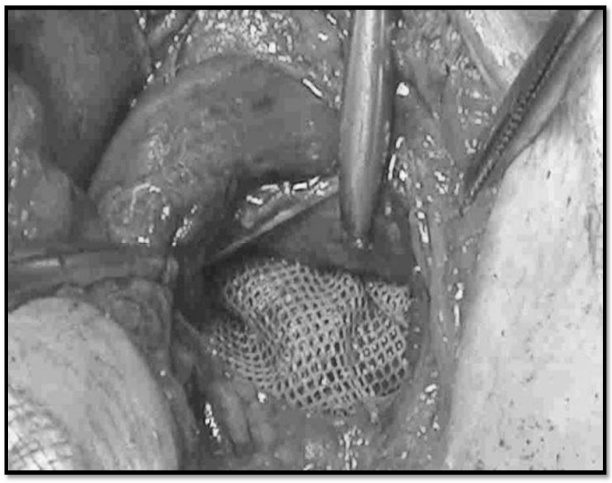


Figure 4 : Synthetic mesh placed in the extra peritoneal space



DISCUSSION

Lumbar hernias are rare lesions [2, 3]. They arise through posterolateral abdominal wall defects, named inferior triangle (Petit) and superior triangle (Grynfelt) [4]. They occur most often in the superior lumbar triangle (Grynfelt's hernia) (1-5). Most of the lumbar hernias are secondary to trauma or previous surgery, while primary lumbar hernias are rare (2). In our case, only three cases were encountered in nine years and all of them had a spontaneous superior lumbar hernia. The most common presenting symptom of lumbar hernia is a dragging sensation or discomfort in the flank [6], or can mimic a soft tissue mass above the iliac crest, that increases with coughing and strenuous activity, usually reducible and tending to disappear with the patient in the decubitus supine position [1]

Otherwise it can be asymptomatic or revealed by complication [7]. The natural evolution of these hernias is a steady growth in size, becoming more and more symptomatic. Strangulation of a lumbar hernia is relatively uncommon, being reported in approximately 10% of patients [1]. Our patients have a soft reducible swelling. Computed tomography is a very useful tool for the diagnosis of lumbar hernia. It can delineate the neck of the hernia and hernial contents [1]. All lumbar hernias must be treated with surgery (2), and there are two possible surgical approaches: the anterior approach with lumbar incision and the laparoscopic approach [4]. Many techniques have been described, including primary repair, local tissue flaps and conventional mesh repair. Bowel resection may be required in cases with strangulation. Simple suture of the defect may expose to recurrence (2). For our three patients we used an anterior approach, and the defect was repaired by a prosthetic mesh with no recurrence. The laparoscopic treatment accounts for 9 % of the publications' cases [5]. This approach has the advantage of being minimally invasive (less pain, short length of hospital stay, and less wound complications); it also avoids major dissections, allows exact location of the lesion, and offers an excellent visualization, thus avoiding possible lesions to neigh boring structures

CONCLUSION

Primary lumbar hernias are rare. Repair of these hernias can be successfully performed via the anterior approach with the use of synthetic mesh - this method of repair is easy, safe, and effective.

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