

Retrospective Study of Ventral Hernia in Thoothukudi Medical College, Thoothukudi, Tamilnadu, India

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I. Introduction

Hernias of the anterior abdominal wall or ventral hernias represent defects in the parietal abdominal wall fascia and muscle through which intra-abdominal or preperitoneal contents can protrude.

Primary ventral hernias are gradually named according to their anatomical location. Epigastric hernias are located in the midline between xiphoid process & the umbilicus. Umbilical hernias occur at the umbilical ring and may be present at birth or develop later in life. Spigelian hernia occur through the fascia in the region of semilunar line.

10 – 20% of the patients may eventually develop hernias at the incision sites (Incisional hernia) following open abdominal surgery. Incisional hernias occur as a result of excessive tension and inadequate healing of a previous incision which may be associated with surgical site infections.

Lumbar hernias can be congenital or acquired. Hernias through superior lumbar triangle (Grynfeltt's triangle) are more common.

II. Materials And Methods

This study included 160 cases of Ventral hernia treated in the Department of General Surgery in Thoothukudi Medical College and Hospital from January 2017 to December 2018. This is a 2 year retrospective study of 160 patients with ventral hernias. Data collected from Medical records department for this study. The patients undergone surgery after informed written consent.

III. Source Of Data

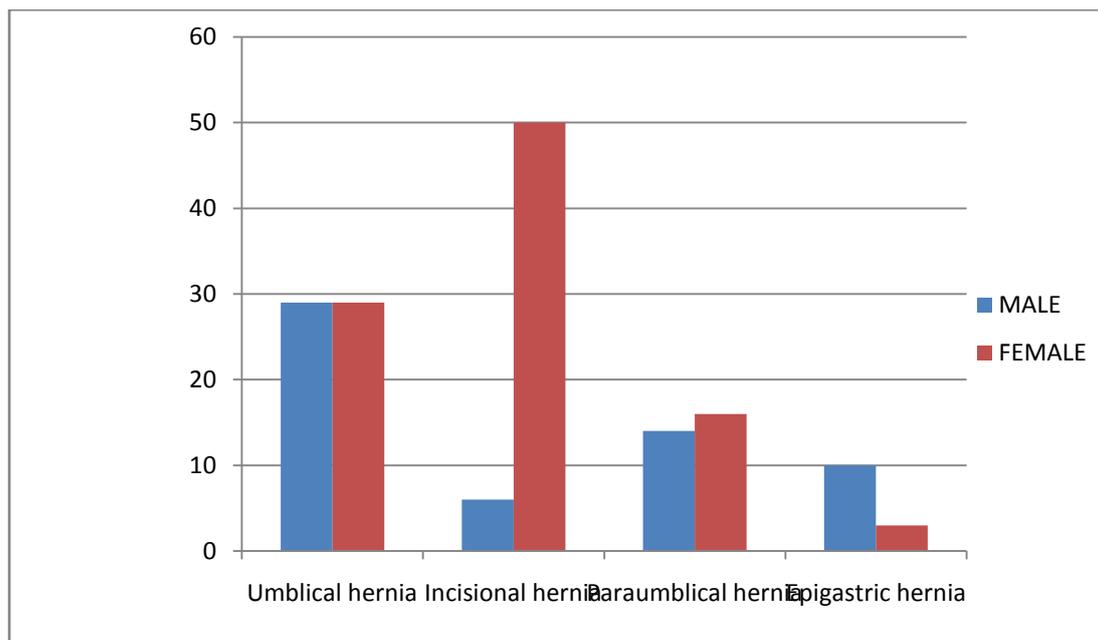
Retrospective data collected from the hospital records from January 2017 to December 2018. The data of 160 patients so collected was tabulated and analysed.

IV. Observation And Results

During the period of study from January 2017 to December 2018, a total number of 160 ventral hernia cases had undergone surgery in our institution. Out of 160 cases of ventral hernias, 58 cases were Umbilical hernia, 56 cases were Incisional hernia, 30 cases were Paraumbilical hernia, 13 cases were epigastric hernia, 2 cases were lumbar hernia and 2 cases were spigelian hernia.

TYPES OF HERNIA	NUMBER OF CASES	PERCENTAGE
Umbilical hernia	58	36 %
Incisional hernia	56	35 %
Paraumbilical hernia	30	19 %
Epigastric hernia	13	8 %
Lumbar hernia	2	1%
Spigelian hernia	2	1 %

The occurrence of ventral hernia is more in females . Among 58 cases umbilical hernia, 29 were females and 29 were males. Among 56 cases of Incisional hernia, 50 were females and 6 were males. Out of 30 cases of paraumbilical hernia, 16 were females and 14 were males. Among 13 cases of epigastric hernia, 3 were females and 10 were males. 2 cases of lumbar hernia were males and 2 cases of spigelian hernia were females.



TYPES OF PREVIOUS SURGERY IN INCISIONAL HERNIA

TYPES OF INCISION	MALE	FEMALE	TOTAL	PERCENTAGE
PFANNENSTEIL	-	27	27	48%
MIDLINE	4	24	28	50%
SUBCOSTAL	1	-	1	2%

V. Discussion

The incidence of ventral hernia is higher with female preponderance. In our study, umbilical hernia (36%) was the most common among the hernias, followed by incisional hernia(35%) , paraumbilical hernia(19%) and epigastric hernia (8%).

In our study, Incisional hernia were common in females. Post Lower Segment Caesarean Section (pfannensteil incision) were the major contributing procedures for incisional hernia followed by explorative laparotomy (midline incision)

Mesh repair has become the standard in the elective management of most incisional hernias.

Epigastric hernias are 2 or 3 times more common in men. In our study , out of 13 cases of epigastric hernia,10 were males and 3 were females.

VI. Conclusion

The commonest ventral hernias were umbilical and incisional hernias. Effective preoperative evaluation & preparation with sound anatomical knowledge and meticulous surgical procedures are the important factors for prevention of post operative complications and recurrence of hernia.

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