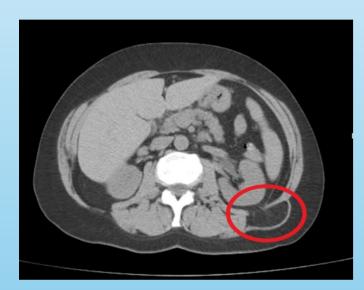
Lumbar Hernia- a rare Case report

surgeons only see one case in their career lifetime

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Fascial defect measured 2cm



Position: patient on the right side, hyperextension



preoperative, a slight bulging of the left lumbar area with a size of around 3cm



Fascial defect of around 1,5cm, below the visible mesh

Good to know

Lumbar hernias are one of the rarest forms of the abdominal wall hernias. There are only around 300 described cases ever published. It's believed that a surgeon only sees one case of a lumbar hernia in their career lifetime. Lumbar hernia can be congenital or acquired. The main lumbar hernias are acquired.

It occurs more in men than female.

/ laparoscopic vs. open v

intraabdominal transabdominal Extraperitoneal retroperitoneoskopic

USE MESH

onlay sublay preretroperitoneal

Evidence concerning optimal treatment is missing due to the rare occurrence. It has shown that the use of a mesh drastically reduces recurrences.

To this date the approach chosen mainly depends on the surgeon's experience and preference

Where to find

The lumbar region is defined anatomically by the 12th rib superiorly and by the iliac crest inferiorly. The erector spinae muscle group medially, and the posterior border of the external oblique muscle laterally.

In between this space there are two specific regions where the defects occur, which are named Grynfeltt-Lesshaft and Petit.

The clinical case

Our case involves a 65 year old woman presenting with a swelling and pain of the left lumbar region for multiple months. CT-examination was then performed, which revealed a hernia in the Grynfellt triangle.

What did we do?

Position: right sided hyperextension 4cm incision and preparation towards the mucular-fascial region and incision of it.

It showed a retroperitoneal lipoma protruding through the fascial defect. Reposition of the lipoma. The fascial defect measures around 1,5cm.

Preparation of the 'preretroperitoneal' space and implantation of a 6x8cm non absorbable mesh. Closure of the fascial defect with non abesorbable sutures. Adaptation of the musculature.

Summary

The patient underwent an open mesh repair and had an uncomplicated postoperativ hospital stay. We did a follow up CT after two month with no signs of reoccurence

Conclusion

Since there are no guidelines, the diagnosis and treatment of lumbar hernias seems to be a very individual approach. The aim for the future should be to define criteria to help for the treatment approach.

Sources

Hernienschule "Lorenz, Stechemesser, Reinpold J. Abdom. Wall Surgey 2023

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