IPOM-plus for intercostal hernia during colon cancer surgery: a solution to consider

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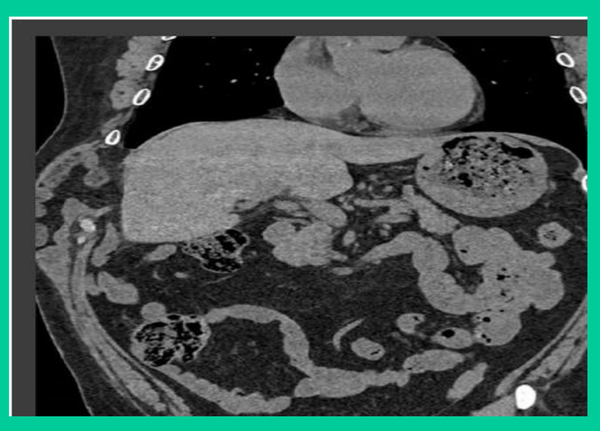
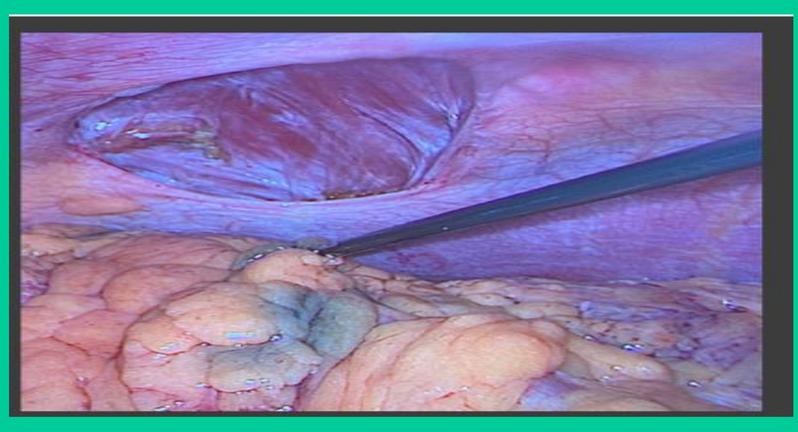
AIM

The most diagnosed cancers in Spain in 2024 include colorectal cancer (44,294 cases). Meanwhile, acquired intercostal hernias (AICH) are rare, involving abdominal content herniation through an intercostal defect. We present a unique case of concomitant colorectal cancer and AICH.



MATERIAL&METHOD

Case and literature review



RESULTS

A 52-year-old obese male with cardiac history (reduced EF), ex-smoker, and drinker was diagnosed with transverse-colon adenocarcinoma. No history of trauma or prior conditions was reported. CT scan revealed an AICH, assessed by thoracic surgery, which initially opted for conservative management due to comorbidities. Patient was minimally symptomatic. A laparoscopic extended-right-hemicolectomy was performed, identifying a right abdomino-lateral hernia between the 8th-9th ribs with a 7cm defect. Given the patient's good tolerance, reduction of the herniated omentum and small bowel was performed, followed by IPOM-plus repair with a 24x18cm dual mesh fixed with tackers. The procedure was uneventful, and the patient was discharged.

CONCLUSIONS

AICH results from thoracoabdominal muscle weakness, often due to trauma(65%), rib fractures, prior surgery, or chronic cough. Rarely, it occurs in congenital syndromes (Poland, Ehlers-Danlos). They are classified as transdiaphragmatic or non-transdiaphragmatic. Most occur below the 9th rib without side preference, presenting as bulging or pain. CT is the diagnostic gold standard. Surgical repair is warranted due to incarceration(15%), strangulation, or diaphragmatic tear risk. Treatment options include thoracotomy, open, or laparoscopic abdominal approaches. Mesh repair reduces recurrence. IPOM-plus with dual mesh was performed here, though optimal technique remains debated. Recurrence rates reach 33% annually. More studies are needed to optimize management and prevent recurrence.