

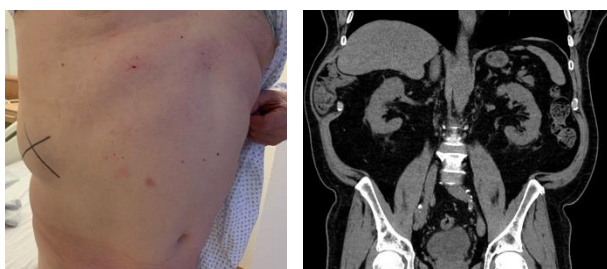
Pleural injury during Primary Abdominal Intercostal Hernia Repair: a rare complication of a rare case

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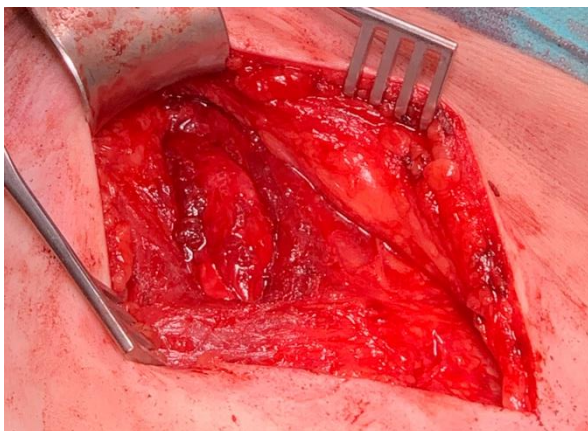
AIM

The term intercostal hernia refers to conditions where either the lung or the abdominal viscera herniate through a defect in the intercostal space. Primary abdominal intercostal hernias (AIH) are extremely rare, with only one previous description in the literature. Up to now there is no description of a pleural injury during hernia repair in the literature according to our search. The aim of this study is to present an exceptional intra-operative complication of an extremely uncommon hernia.

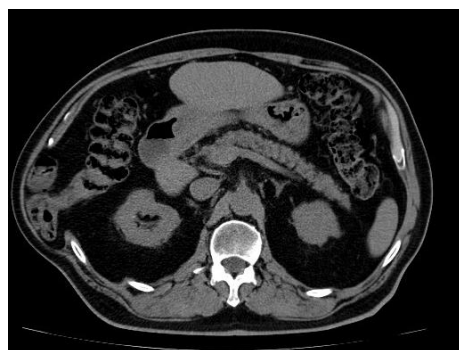


RESULTS

The Bülow was removed on 1st post-op day and the patient was discharged on the second post-op day completely asymptomatic. The patient reported no post-operative consequences of the accidental pleural injury. The post-operative course was otherwise uneventful.



Here we present the second case of a primary spontaneous AIH reported in the literature. The CT scan revealed no rib fractures or diaphragm injuries, but it showed two extra lumbar ribs, with the hernial defect located between the 12th and 13th right rib. The hernia sac was strictly adherent to the pleura, thus it was impossible to repair the defect without opening the pleura, inducing an iatrogenic pneumothorax. A Bülow thoracic drainage system was placed intra-operatively to avoid further complications. After closing the pleural defect, we repaired the hernia with a pre-peritoneal polypropylene mesh.



CONCLUSIONS

Although extremely unusual, the repair of a primary AIH appears to be an easy surgical intervention. However, a dissection plane between the pleura and the hernial sac could be arduous to recognize, leading to unavoidable intra-operative complications.