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Fatty Hernia of Linea Alba: A Diagnostic Puzzle and the Laparoscopic Challenges of Navigating Invisible Defects

Introduction

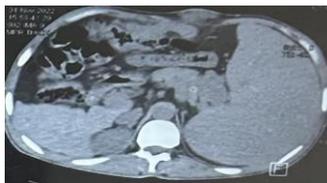
- Fatty hernias of the linea alba are small, often asymptomatic defects characterized by protrusion of preperitoneal fat through the linea alba.
- While traditionally considered minor surgical concerns, they can present with chronic pain, misdiagnosed as other abdominal pathologies.
- Advances in imaging and laparoscopic techniques have facilitated better identification and management, but challenges persist in pinpointing the exact defect intraoperatively.
- This case series explores the clinical significance, diagnostic methods, and surgical complexities of this condition.

Material & Methods

- All 3 cases were symptomatic and exhibited upper abdominal pain. All patients described a soft, non-reducible mass in the upper abdomen. In contrast to hernias, these abnormalities do not present a distinct bulge with cough impulse, resulting in frequent misinterpretation as musculoskeletal pain, gastritis, lipoma or gallbladder disease.
- In all 3 cases, CT scans were done, which demonstrated the defect. The content of the hernia was preperitoneal fat in all cases. Unlike traditional hernias, fatty hernias lack a defined defect.
- The use of high-definition laparoscopy, pre-peritoneal dissection from the umbilicus to epigastrium and transillumination techniques was used for the identification of defects.



High Resolution image showing defect in Linea Alba



CT Scan showing defect in Linea Alba



Intra operative - defect in Linea Alba

Results

- An incision of 3-5 cm was made beyond the defect, and a preperitoneal flap was elevated from umbilicus to the epigastrium, revealing preperitoneal fat herniating through the linea alba. that were reduced. In one patient, 2 more defects (not detected on CT scan) of 2 mm size with preperitoneal fat herniation were found.
- All three patients had laparoscopic intraperitoneal onlay mesh repair.
- The postoperative course was unremarkable, and the patient remained asymptomatic at the six-month follow-up.

Conclusion

- Fatty hernia of the linea alba presents a diagnostic and surgical difficulty.
- Laparoscopic repair may provides a minimally invasive method, although necessitates skills to adeptly address concealed defects.

Reference:

OKA A, SUMI K, MURATA Y, KINUGASA Y, HAMAZOE R. THREE CASES OF LINEA ALBA HERNIA. Nihon Rinsho Geka Gakkai Zasshi (Journal of Japan Surgical Association). 2001 Nov 25;62(11):2804-8.