LEFT HEPATIC LOBE HERNIATION THROUGH VENTRAL INCISIONAL HERNIA – A RARE CASE REPORT

INTRODUCTION
Incisional hernias are abnormal peritoneal outward pouch-like protrusions that develop due to defects that arise as a result of the disruption of the fascia's continuity after abdominal surgery. Subcutaneous herniation of the left lobe of the liver passing through the abdominal wall is a very rare condition.

CASE REPORT
A 49-year-old male patient presented with complaints of swelling in the midline of abdomen since 1-year duration. The swelling had increased to its present size over the past 1 year. Swelling is not associated with pain, vomiting or fever. Swelling appeared after 1 month of laparotomy surgery done for hollow viscus perforation 13 months back. During transabdominal ultrasound (US) and computed tomography (CT) scan revealed a fascial defect in midline abdominal wall with protrusion of the left hepatic lobe and an intestinal segment.

CONCLUSION
In this case report, we present a rare case of the subcutaneous protrusion of the left liver lobe's medial segment through the fascial defect in the incisional hernia. We suggest that when performing operations on incisional hernias it should be kept in mind that the left liver lobe may be under the skin and therefore one should be careful not to damage it.

KEYWORDS
Ventral Incisional Hernia, Liver Lobe, Abdominal Wall.

Laboratory tests revealed a total bilirubin value of 1.1 mg/dL (reference value of 0.2 to 1.3), direct bilirubin of 0.2 mg/dL (reference value of 0.1 to 0.5), aspartate aminotransferase of 52 U/L (reference value of 40 to 150), gamma-glutamyl transferase of 30 U/L (reference value of 0 to 64), alanine aminotransferase of 32 U/L (reference value of 0 to 50), and alkaline phosphatase of 52 U/L (reference value of 40 to 150). During transabdominal ultrasound (US) and computed tomography (CT) scan revealed a fascial defect in midline abdominal wall with protrusion of the left hepatic lobe and an intestinal segment (Figure 2).

Figure 2 Protrusion of the left hepatic lobe (arrow heads) through the abdominal wall defect (arrow) on axial view of CT.

SURGICAL TECHNIQUE
The abdomen was entered through an old incision site. Part of the ileal loops and left hepatic lobe were adhered to subcutaneous tissue, which were meticulously cleared. The tissue under the skin was detached, and the edges of the fascia were exposed. In this case, we present a case of incarcerated incisional hernia that involves the left liver lobe. The aim of this study is to show that hernia sac may contain solid organs.

Figure 3: Arrow indicates left hepatic lobe adhered to the subcutaneous tissue.

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