Sir,

We present the case of a spontaneous rupture of the incisional hernia, an exceptionally rarely reported in English literature, in the developed world country. We strongly recommend early surgical management in large, long-standing incisional hernias.

An 84-year-old white English female was presented to us with watery discharge from lower part of incisional hernia. She developed the incisional hernia about 18–24 months following laparotomy in 1992. She did not have any symptoms due to the lump. She did not have any pain, nausea or vomiting. On general examination she was apyrexia with normal haemodynamic status. Abdominal examination revealed a large nontender reducible infraumbilical incisional hernia with omental prolapse with discharge of the peritoneal fluid [Figure 1]. During emergency operation, reduction of hernia with repair of burst hernial sac with prolene mesh was performed. Following operation, she recovered well though slowly. At the time of discharge, her wound was nicely healed. At 4 weeks, she was doing very well without any complications.

Complications such as adhesions, incarceration of bowel and intestinal obstruction, are well documented in association with incisional hernia but spontaneous rupture is very rarely reported in literature.\[^{1,2}\] Although theoretically, spontaneous rupture can occur with any type of hernia, it is more commonly seen in incisional and recurrent groin hernias.\[^{1,3}\] After Hartley’s report of two such cases in 1961, there have been very few case reports documented.\[^{4}\] Although the incidence of this complication is higher in developing countries compared to developed countries, this case focuses on such avoidable complication in developed country.

The large incisional hernia is contained only by its sac and thin atrophic and avascular skin. Larger the hernia, more atrophic and avascular is the overlying skin and, this, along with thin sac leads to higher chances of rupture of the incisional hernia.\[^{1}\] Neglect for early operative intervention or delay in seeking treatment increases the risk of rupture.\[^{2,5}\] The use of the corset for the incisional hernia is also considered as one of the contributory factors for facilitating the rupture of hernia.\[^{2}\] Rupture/dehiscence occurs either spontaneously as in this case or may follow event of raised intra-abdominal pressure, e.g. coughing, straining at defecation, leading to prolapse of intra abdominal contents, most common content being omentum (as in this case) and small bowel.\[^{3}\] Rarely this may lead to obstruction and strangulation of small bowel and generalized peritonitis, a potential cause of fatality.

The rupture of incisional hernia demands emergency operation to prevent further obstruction and strangulation of bowel and to cover its contents. The hernial contents can either be covered primarily by mesh repair of hernia if the general condition of the patient and local condition of operative site allows as in this case or can be covered by skin followed by delayed mesh repair.

The purpose of this case is to draw attention to this exceptional, but avoidable, complication of incisional hernia. We strongly emphasize early operative inter-
vention in such cases, not only in developed countries, but also in developing countries.

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