Transiliac Hernia

Gadekar J.M., Gadekar N.J., Doke A.D.

- *MS, FMAS, Professor and Head, Department of Surgery, Padmashree Dr. Vithalrao Vikhe Patil Medical College & Hospital, Ahmednagar 414111, Maharashtra, India.
- ** Senior Resident in General Surgery, Department of General Surgery, Padmashree Dr. Vithalrao Vikhe Patil Medical College & Hospital, Ahmednagar 414111, Maharashtra, India.
- *** Resident in General Surgery, Department of General Surgery, Padmashree Dr. Vithalrao Vikhe Patil Medical College & Hospital, Ahmednagar 414111, Maharashtra, India.

Abstract

Transiliac hernia is a rare complication of autologus bone graft harvest from iliac crest. This new term is used to describe herniation of abdominal contents through the bony defect of iliac crest. A rare case that was managed successfully is reported here and literature on the subject is reviewed.

Keywords: Bone graft; Iliac crest; Hernia; Hernioplasty.

Introduction

Transiliac hernia is a relatively new term used to describe herniation of abdominal contents through the defect resulted by autologus bone graft harvest. Autologus bone graft is used in various reconstruction procedures of bony defect. Iliac crest is preferred site due to easy accessibility and quality of cancellous graft. Reported complications are few and they include hematoma, wound infection, persistent pain, and nerve injury. Hernia through the defect of iliac crest is known but rare complication. This complication was 1st time reported in 1945 by Oldfield.

Corresponding Author: Dr. Jayant M. Gadekar, M.S. Gen. Surgery, Professor& Head, Department of Surgery, P.D.V. V.P.F's Medical College, Vilad Ghat, Ahmednagar - 414111, Maharashtra, India.

E-mail: jayant.gadekar123@gmail.com

56 years old, obese, diabetic female who presented with irreducible Transiliac hernia is reported here and literature on the subject is reviewed.

Case Report

56 years old female, known diabetic presented with progressive swelling in Rt. flank posteriorly from 1 year (Fig 1). From last 2 months patient had intermittent pain, nausea and constipation. Patient was operated for fracture shaft femur R 2 years before, IMN was done, after 9 months she was re-operated and bone grafting was done

Local examination revealed 20 cms×15 cms obliquely placed oval swelling over R iliac crest under a scar. Visible peristalsis, impulse on

Figure 1

