Congenital Lumbar "Pseudohernia"

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● **At the age of 1 mo, a boy, born by breech presentation, was seen with signs suggesting a congenital lumbar hernia. Signs of already healing epiphysiolysis humeri and costal fractures suggested a traumatic origin of the hernia due to neuropraxia of the intercostal nerves. Full recovery ensued without active treatment.**

INDEX WORDS: Hernia, congenital lumbar.

CASE REPORT

At the age of 4 wk, the patient was referred for treatment of a suspected lumbar hernia on the left side. The baby was delivered by breech presentation. Immediately after birth, protrusion of the left flank was observed: relative immobility of the left arm was also apparent.

When examined at the Department for Pediatric Surgery of the University Hospital Groningen, the fixed position of the left arm and hand was apparent (Fig. 1). The abdomen and left flank showed a smooth protrusion extending from the lumbar area on the dorsal side to the ipsilateral rectus abdominis muscle, and from the costal arch to the iliac crest. It had a smooth, soft consistency and was reducible. During periods of crying its size and pressure increased appreciably. After reducing the hernia, a defect could be delineated, measuring 9 × 5 cm.

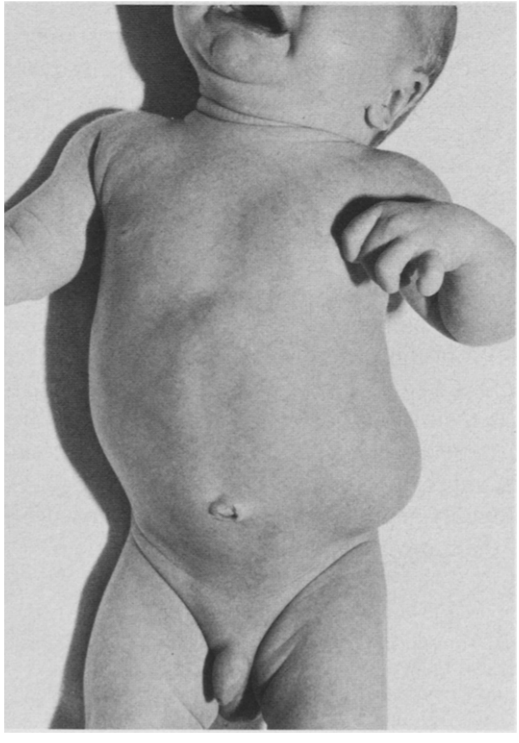

Fig. 1. The patient at the age of 4 wk.

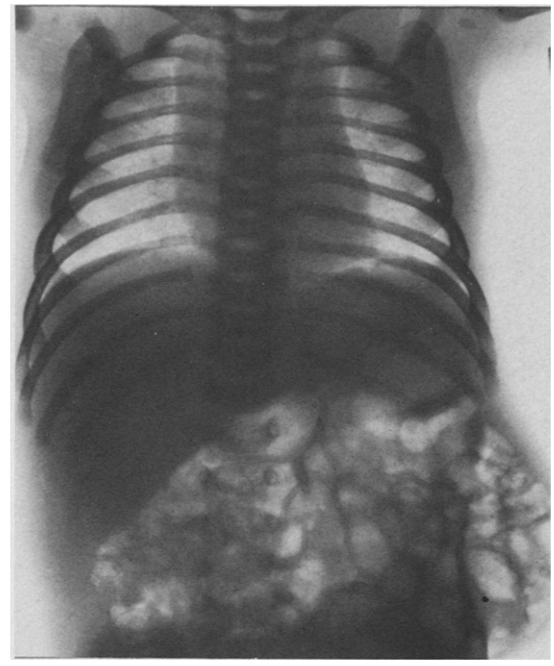

Fig. 2. X-ray picture at the age of 4 wk.

X-ray examination showed epiphysiolysis of the humerus with signs of healing. The flank protuberance contained intestines (Fig. 2). The intercostal spaces between the ninth and eleventh rib on the left side were wider than on the right side. The left ninth and tenth ribs showed soft, but well-defined, smooth thickenings suggesting callus formation.

The findings suggested birth trauma. The costal fractures probably had caused neuropraxia of the intercostal nerves with resulting paralysis of the oblique abdominal muscles. Since the arm already showed improvement the same was expected of the "hernia", prompting an expectant policy.

During observation as an outpatient, progressive improvement ensued. At the age of 8 mo, he used both arms equally well and the abdomen was symmetrical (Fig. 3). At the age

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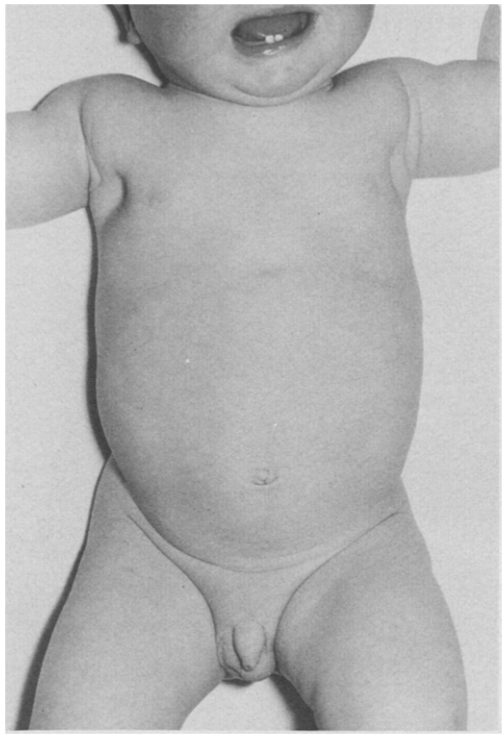


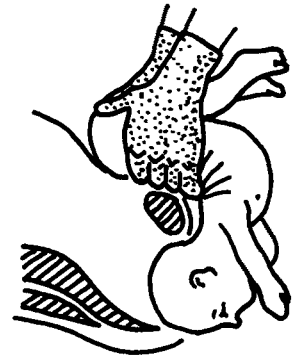
Fig. 3. At the age of 8 mo showing full improvement.

of 11 mo, he was standing, the back was straight, abdomen and flanks were symmetrical and both hands were controlled normally.

DISCUSSION

Lumbar hernia is rare. Watson[1] compiled 186 cases from the literature up to 1946; of the 135 cases with specified etiology, 20 were considered congenital. Lee and Matheis[2] suggested that the really congenital cases comprise only 12 to 20 of the 200 cases reported in the literature on lumbar hernia.

A lumbar hernia usually originates as a protrusion through the superior lumbar (Grynfelt-Lesshaft) space or the lumbar triangle of Petit. In a massive hernia, the origin can be difficult to define. The protusion in these cases can reach from the costal arch to the iliac crest.[1]



The drawing was made by W. R. de Vries, M.D.

Fig. 4. Showing mechanisme of injury during breech extraction.

Most authors advise operative treatment, especially on children despite the minimal risk of incarceration.[1-3]

In our case, the cause was probably neuropraxia of the intercostal nerves caused by costal fractures. The result was temporary paralysis of the intercostal, lumbar and oblique abdominal muscles, creating a clinical picture resembling a lumbar hernia. This entity is not mentioned in the literature when considering the differential diagnosis of lumbar hernia.

The origin presented here must certainly be considered when the patient is born by breech presentation (Fig. 4) demonstrates how a forceful breech extraction can lead to costal fractures with accompanying neuropraxia or even neurotimesis.

The prognosis should be guarded. Talukder[3] treated a patient who presented with an identical, but progressive, situation that needed operative treatment at the age of 2½ yr. At operation, the oblique abdominal muscles appeared replaced by fascialike structures. This probably was the result of complete neurotmesis resulting in more serious and permanent degeneration of the muscles. Assuming the same etiology, this probably represents a more pronounced degree of the same injury sustained by our patient.

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