# Different Types of Hernia

# 1. Richter's Hernia

- Part of the circumference of the bowel is gangrenous.
- It won't cause obstruction.

# 2. Littre's Hernia

- The hernia sac contains a Meckel's diverticulum.

# 3. Little's Hernia

- The hernia sac contains  the appendix.

# 4. Sliding Hernia

- The sac is formed partly by a retroperitoneal structure.
- Commonly by colon (sigmoid or caecum) or bladder.
- It is thought that the structure slides down the canal pulling its overlying peritoneum with it hence the name ‘hernia-en-glissade’.

# 5. Maydl's Hernia

- The presence of two small bowel loops within a single hernial sac.
- 'W' hernia
- May be lethal if undiagnosed.

# 6. Pantaloon Hernia

- Co-existence of direct and indirect hernias descending either side of the inferior epigastric artery.

# 7. Spigelian Hernia

- Herniation through the linea semilunaris.
- Affect men and women equally and can occur at any age, but are most common in elderly people.
- Most appear below the level of the umbilicus near the edge of the rectus sheath, but they can be found anywhere along the spigelian line.

# Clinical Features

- **Young patients** usually present with intermittent pain, due to pinching of the fat.
- A lump may or may not be palpable because the fatty hernia is small and the overlying external oblique is intact.
- **Older patients** generally present with a reducible swelling at the edge of the rectus sheath and may have symptoms of intermittent obstruction.

# Diagnosis & Investigations

- The diagnosis should be suspected because of the location of the symptoms and is confirmed by CT.
- Ultrasonography has the advantage that it can be performed in the upright patient because no defect may be visible with the patient lying down.

# Management

- Surgery is recommended because the narrow and fibrous neck predisposes to strangulation.
- Surgery can be open or laparoscopic.

# 8. Lumbar Hernia

- Occurs through either the inferior or superior lumbar triangles or, rarely, through lumbar incisions.
- Usually contain retroperitoneal fat and rarely bowel.
- A lumbar hernia must be distinguished from:
  - a lipoma;
  - a cold (tuberculous) abscess pointing to this position
  - a pseudo-hernia due to local muscular paralysis.

# Management

- The natural history is for these hernias to increase in size and surgery is recommended.
- Lumbar hernias can be approached by open or laparoscopic surgery.
- The defects can be difficult to close with sutures and mesh is recommended.

# 9. Obturator Hernia

- Occurs through the obturator canal from the lateral wall of the pelvis with the sac protruding into the medial upper thigh.
- Occurs six times more frequently in women than in men.
- Most patients are aged >60 years.
- Symptoms include pain or abnormal sensations in the distribution of the obturator nerve in the skin of the inner medial thigh.

- Diagnosis is often very difficult and is usually made by CT scan.
- A high proportion present with complications of bowel obstruction due to the sac being hidden within the adductor muscles compartment.
- The neck is narrow and prone to strangulation.
- Repair can be via exposure of the sac in the medial thigh or, more commonly, at laparotomy for complications.

# 10. Perineal Hernia

- This type of hernia is very rare and includes:
  - postoperative hernia through a perineal scar, which may occur after excision of the rectum
  - median sliding perineal hernia, which is a complete prolapse of the rectum
  - anterolateral perineal hernia, which occurs in women and presents as a swelling of the labium majus
  - posterolateral perineal hernia, which passes through the levator ani to enter the ischiorectal fossa.

- Present with acute complications and are diagnosed only at surgery.
- Repair may be via sutured closure of the defect or, more commonly, filling of the defect with prosthetic material (mesh) or biological tissue (muscle flap).