

Traumatic hernia

Traumatic hernia

These hernias arise through non-anatomical defects caused by injury . They can be classified into three types: 1 Hernias through abdominal stab wound sites. These are effectively incisional hernias. 2 Hernias protruding through splits or tears in the abdominal muscles after blunt trauma (Figure 64.4). 3 Abdominal bulging secondary to muscle atrophy that variation. Akin to the lumbar pseudohernia seen after open nephrectomy , these can also arise after rib fractures with damage to the intercostal nerves. Clinical features Traumatic hernias present as any other hernia. The key to the aetiology is in the history and the non-anatomical location of the hernia. Treatment Surgery may be justified if the hernia is sufficiently symptomatic or if investigations suggest a narrow neck and hence a risk of obstruction or strangulation. CT scanning is useful to define the tissue layers that have been damaged in order to plan repair. Stab wound traumatic hernias are straightforward to repair. Diffuse abdominal bulges are more difficult to correct and require some form of plication of the stretched musculofascial layer with mesh reinforcement to prevent further bulging in the future. Some bulging may persist, however.

Revision #1

Created 2025-12-31 15:23:51 UTC by Omar Ayman

Updated 2025-12-31 15:23:51 UTC by Omar Ayman