Incarcerated Spiegel Hernia
Claudia Leite*, Maria Joao Ferreira and Carlos Casimiro
Department of Surgery, Tondela-Viseu Hospital Center, Portugal

Introduction
An 80-year-old female patient, with obesity and arterial hypertension, was admitted to our emergency department, for periumbilical pain and constipation in the last 6 days. She presented with abdominal distension and a large irreducible hernia in her right lower quadrant. She had an abdominal Computerized Tomography (CT) done that confirmed the clinical suspicion of a Spiegel hernia, containing colon and a large quantity of omentum (Figure 1). She underwent an urgent surgery (Figure 2), laparoplasty with a dual surface mesh, and was discharged home on the 4th post-operative day. She remains asymptomatic, with no hernia relapse. The diagnosis of this hernia requires a high suspicion index and the CT is the best imaging study for their characterization. The incarceration risk of this hernia is high. Thirty percent of these patients require an urgent surgery. Hence, surgery is recommended for all patients presenting with a Spiegel hernia.

Protection of Humans and Animals
The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.

Keywords
Incarcerated Spiegel Hernia (ISH); Intestinal obstruction; Colonic obstruction; Laparoplasty with mesh; Dual surface mesh

*Corresponding author: Claudia Leite, Department of Surgery, Tondela-Viseu Hospital Center, Portugal, Tel: +351912522092; E-mail: claudialexleite@yahoo.com


Copyright: © 2019 Leite C, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.