TUBERCULOSIS IN THE SAC OF PARAUMBILICAL HERNIA

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ABSTRACT**BACKGROUND**

Peritoneal involvement in abdominal tuberculosis is very common and hernial sacs are likely to get involved in this pathology. Abdominal tuberculosis is characterised by chronicity, vague symptoms and lack of clinical findings. Paraumbilical hernias are frequently seen in obese females of child bearing age groups.

KEYWORDS

Paraumbilical Hernia, Omental Sac, Tuberculosis.

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INTRODUCTION

Peritoneal involvement in abdominal tuberculosis is very common and hernial sacs are likely to get involved in this pathology. Abdominal tuberculosis is characterised by chronicity, vague symptoms and lack of clinical findings. Paraumbilical hernias are frequently seen in obese females of child bearing age groups. Although asymptomatic for the disease, tuberculosis was diagnosed incidentally in the specimen of the hernial sac of our patient. This case is reported because it highlights the importance of histopathological examination of all postoperative specimen.

CASE REPORT

Forty five year old female was admitted in the surgical ward of Sri Aurobindo Medical College and Postgraduate Institute with complaints of a reducible swelling in the paraumbilical region with mild pain. There was no history of any possible complication in relation to hernia. There were no constitutional symptoms suggestive of any systemic disease like tuberculosis. Haematological and Biochemical investigations were within normal limits. Chest x-ray did not reveal any significant abnormality.

On abdominal sonography, a defect of 2.1x2cm. was noted in anterior abdominal wall in supraumbilical region with omentum as herniating content. Surgery was planned for repair of the defect. On exploration the sac was formed by glistening peritoneum and no other abnormality like turbid peritoneal fluid or nodules in the omentum were found. Hernioplasty was done and hernial sac was sent for routine histopathological examination. Postoperative recovery was uneventful. Wound of hernioplasty healed by first intention and the stitches were removed on 7th postoperative day. Histopathological examination of the hernial sac with omentum revealed tuberculous lesion. Antituberculous drugs were started after counseling the patient.

She is recovering well after discharge and is coming for regular followup's.

DISCUSSION

Abdominal tuberculosis is a common problem in developing countries. An autopsy study done at KEM Hospital, Mumbai by Pimparkar et al. found 3.72% incidence of abdominal tuberculosis.^[1]

Umbilical and inguinal hernias are seen very commonly in all surgical clinics. Detailed review of the available literature denotes the so far detection of tuberculosis in an asymptomatic patient by histopathological examination of a hernia sac is not reported. All the reported cases were diagnosed on intraoperative clinical suspicion and histopathological examination thereupon.^[2,3] Reported case did not have any evidence of abdominal tuberculosis on history, clinical examination and investigations. Diagnosis of tuberculosis was unexpected and was made because of the routine practice of sending all hernial sacs for histopathological examination.

M. Vashist et al. reported a case of inguinal hernia where on exploration excessive peritoneal fluid was found in the sac. Biopsy of the sac showed tuberculosis. Antitubercular treatment was started after hernioplasty.^[3] In another case report by Basrur et al. thickening of omentum and sac prompted a histopathological examination, which revealed tuberculosis. They treated the hernia with simple herniorrhaphy instead of meshplasty to avoid possibility of infection.^[4] In our case, meshplasty was done and antitubercular treatment was started on receiving the tissue diagnosis. Retrospectively, we can say that with paucity of such cases and absence of any comparative study both methods, i.e. with or without mesh repair can be acceptable.

Presented case further highlights the importance of histopathological examination of all postoperative specimens. All hernia sacs should be histologically examined by the pathologist. A large retrospective study (Of over 22816 on hernias) done at The Mayo Clinic by Nicholson et al. showed presence of metastatic cancer in 0.07% of patient.^[5] Dormant tuberculosis and hidden malignancies of gastrointestinal tract were incidentally detected by examination of the hernial sacs

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which would have been otherwise unnoticed for a longer period. Wang T et al. found one malignancy in 800 inguinal and 7 in 576 abdominal wall hernia sacs.^[6] The College of American Pathologists recommend histology of all abdominal wall hernias, but leaves it to the discretion of pathologist in case of inguinal hernias. Another study by Siddiqi et al., 2.2% cases showed clinically insignificant abnormal findings on histological examination of paediatric hernia sacs.^[7] They have questioned the justification of pathological examination of all hernia sacs. The controversial issue of histopathological examination of a hernia sac needs opinion of our readers.

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