

POST STERILIZATION INCISIONAL HERNIA WITH HERNIATION OF HYDROSALPINX

(A Case Report)

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Introduction

Incidence of post sterilization incisional hernia along with herniation of hydrosalpinx is rare. Formation of bilateral hydrosalpinx is a minor complication occurring after partial salpingectomy (Pomeroy's method) Grayburn, 1958.

Hydrosalpinx is a retort shape swelling and occurs when fimbrial end of tube is sealed either by subclinical infection or by partial salpingectomy but tubal epithelium elsewhere is intact, the natural secretions cannot escape and the tube gradually distends with watery fluid to become a hydrosalpinx.

CASE REPORT

L.D. aged 30 years, para 4 was admitted in state Zanana Hospital, Jaipur on dated 5-4-80 for pain in abdomen off and on since 6 years, swelling at the site of stitch line 1 year and

continuous pain in abdomen since one month.

Patient delivered 6 years back in this hospital. Puerperal sterilization was done on the next day following delivery. On the sixth day stitches were removed which gave way. Resuturing was done. Again the stitches gave way and the wound was allowed to heal by secondary intention. During the post operative period patient gives history of continuous running temperature. Total duration of stay in hospital was about 2 months.

For the last one year she was having a swelling of about 2" x 2" at the site of incision mid way between the umbilicus and the symphysis pubis. The swelling was not reducible.

An incision was made on the previous scar of about 4". Abdomen was opened in layers. On reaching the peritoneum hole of about 1" x 1" was found through which hydrosalpinx of about 2" x 2" was in the parietes. It was reduced and was of left side. The ovary of the same side was enlarged to about 1½" x 1½". This hydrosalpinx was lateral to previous sterilization scar and left sided salpingo-oophorectomy was done and the stump was peritonised. Right side tube and ovary were normal. Peritoneum and rectus sheath were separated and herniorraphy done. Patient stood operation well. Post operative period was uneventful.

References

1. Grayburn, R. W.: J. Obstet. Gynec. Brit. Emp. 65: 460, 1958.

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