Left lower quadrant abdominal mass: a case of Spigelian hernia diagnosed by emergency ultrasound

左下腹腫塊：由緊急超聲波診斷斯皮格耳氏症的個案

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Spigelian hernia is rare. The diagnosis of Spigelian hernia is often challenging. We report a case of Spigelian hernia in which emergency ultrasonography diagnosed correctly a Spigelian hernia, which was later confirmed by computed tomography and at surgery. In our opinion, ultrasonography can be an important tool for emergency physicians in cases of abdominal pain or abdominal mass. (Hong Kong j.emerg.med. 2006;13:90-93)

斯皮格耳氏症（半月緣症）是很罕見的，故其診斷極具挑戰性。我們報導一宗由緊急超聲波診斷斯皮格耳氏症正確診斷斯皮格耳氏症的個案，其後並由電腦掃描及手術確診。我們意見認為超聲波診斷可以是急症科醫生診斷腹痛及腹部腫塊的重要工具。

Keywords: Abdominal hernia, ultrasonography

關鍵詞：腹疝，超聲波造影術

Case

A 72-year-old woman, who had a history of upper mid-line incision for patch repair of perforated peptic ulcer 30 years ago, was admitted to the surgical ward through the emergency department (ED) in June 2005 for abdominal pain and left lower quadrant abdominal mass. The pain and the mass disappeared after admission. Colonoscopy did not reveal any abnormality. She presented to the ED again one month later with intermittent colicky abdominal pain for two days. She had one episode of vomiting of undigested food. She also had mild diarrhoea with loose stool. The abdominal examination revealed an obese abdomen with an old upper mid-line scar. A tender 5 cm diameter left lower quadrant mass was palpable. The rectal examination showed no abnormality except for a 2 cm diameter extrinsic mass, which was later shown by emergency ultrasound to be a uterine fibroid.

The abdominal radiograph revealed loops of dilated small bowel. Emergency ultrasound with a 4 MHz curvilinear transducer identified the mass to be a 5 cm diameter hernial sac within the abdominal wall (Figure 1). The edge of the sac was well delineated. A loop of bowel was seen protruding from an abdominal wall defect. The herniated bowel was surrounded by a rim of fluid. No active peristalsis of the herniated bowel was detected. No further sliding of bowel was observed with Valsalva manoeuvre, straining, or cough. Loops of dilated fluid filled bowels were also identified within the peritoneal cavity. Further scanning with a 7 MHz linear transducer demonstrated the hernial sac to lie between the external and internal oblique muscles (Figure 2). Power Doppler showed positive blood flow within the herniated bowel.