

A Complicated Non COVID-19 Case in COVID-19 Period

Sanketh Bhat S¹, V.V. Prabhu², K. Gorad³, Sunil Pudale⁴

¹Junior Resident, Department of Surgery, Bharti Vidhyapeeth Deemed To Be University, Sangli.

²HOD and Professor, Department of Surgery, Bharti Vidhyapeeth Deemed To Be University, Sangli.

³Assistant Professor, Department of Surgery, Bharti Vidhyapeeth Deemed To Be University, Sangli.

⁴Assistant Professor, Department of Surgery, Bharti Vidhyapeeth Deemed To Be University, Sangli.

Corresponding Author: Sanketh Bhat S

ABSTRACT

Strangulation of hernia is one of the complications of neglected hernias. In this COVID-19 pandemic several Non Covid cases are being avoided. We report a case of strangulated incisional hernia which presented during the COVID 19 pandemic. A 75 y old female with no comorbidities presented with complaints of swelling in lower abdomen since 3 yrs which became irreducible since 2 months. Patient had vomiting, pain in abdomen and had not passed stools since 1 day. Patient gives history of abdominal hysterectomy 4ys back. At time of admission patient was conscious, dehydrated with tachycardia and hypotension. There was huge swelling in the previous operated site with blackened skin over it with foul smell. Generalised tenderness with rebound tenderness noted over abdomen. Patient had visited many healthcare facilities and was denied treatment in view of COVID-19 pandemic for almost two days. Hernia, which needed prompt surgical intervention, was neglected, thus landing in complication. This patient had strangulated incisional hernia with gangrene of bowel and necrosis of the overlying skin.

Keywords: Hernia, Incisional hernia, COVID-19

INTRODUCTION

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019, and has resulted in an ongoing pandemic. Millions of people all over world are infected causing wide spread death and fear among people. There are instances where many health personnels due to pandemic are reluctant to operate resulting in complicated surgical cases due to delayed surgical intervention leading to an increase in morbidity and mortality. This is one such case where timely intervention could have avoided life threatening complications.

Hernia is defined as an abnormal protrusion of a viscous or a part of a viscous through an opening, artificial or

natural with a sac, covering it. When herniation occurs through weak abdominal scar it is referred to as incisional hernia. Complication of any hernia includes irreducibility, obstruction and strangulation.

CASE REPORT



Fig 1. Pre-operative lower abdominal swelling with overlying skin necrosis



Fig 2. Erect abdomen xray with gas under diaphragm



Fig3. Intraoperative findings : multiple perforation with fecal contamination

75y female patient with history of hysterectomy 4ys back and no comorbidities presented to casualty late night with complaints of swelling in lower abdomen since 3y and pain in abdomen, vomiting since 1day. Swelling in abdomen was noted 3ys ago at site of previous surgery , which initially disappeared on its own on lying down and was only visible on straining during defecation or coughing. Gradually the swelling increased in size and eventually was irreducible for past 2 months. Patient had severe generalised abdominal pain with multiple episodes of vomiting soon after food intake since 1 day. Patient visited multiple health facilities, but was denied treatment in view of Covid 19 pandemic and finally landed in our hospital emergency department with a delay of 48hours. On examination in patient was conscious, dehydrated with tachycardia and

hypotension. There was 12 x 10 cm huge swelling in previous operated midline infraumbilical scar site with blackened skin over it with foul smell (Fig 1). Swelling was irreducible. Generalised tenderness with rebound tenderness noted over abdomen. Initial stabilization done with IV fluids , Ryles tube and Foleys catheter insertion. Xray erect abdomen was done and gas under diaphragm identified (Fig 2). RAT test for COVID 19 was negative. Patient was immediately shifted for emergency laparotomy. During surgery, strangulated jejunal loops with gangrenous changes with multiple perforation and faecal peritonitis. (Fig 3). Abdominal wall necrosis noted. Resection and anastomosis of bowel with debridement of necrosed abdominal wall done, intra abdominal drains kept after thorough abdominal lavage. Abdominal wall closed in a single layer with a subcutaneous drain in place and the skin closed.

DISCUSSION

Hernia means ‘to protrude’, ‘off shoot’ (Greek). Hernia may be defined as “an abnormal protrusion of a viscous or a part of a viscous through an opening, artificial or natural in its containing cavity with a sac, covering it”. Hernia through abdominal scar is called incisional hernia. It is as the result of the partial breakdown of the muscle layers with the epithelial layer intact. This weakness around the wound scar is due to weakened fascia of the abdominal wall that may occur months after the operation although the mesh repair of incisional hernia gives the best result, it could not be used in this setting with incipient fecal contamination

Incisional hernias risk is around 10% of cases after abdominal surgery. The incidence depends on a number of factors including old age, sex, obesity, bowel surgery, suture type, chest infection, abdominal distension and wound infection^(1,2).

90% of incisional hernias occur within 3 years of operation⁽³⁾. Recurrence

rates of up to 33% after first repair and 58% after second repair have been reported⁽⁴⁾.

Strangulation of hernia occurs when blood supply of the contents of hernia is impaired leading to formation of gangrene. Symptoms include sudden severe pain, initially over a pre-existing hernia which later becomes generalised over the abdomen, persistent vomiting, constipation and distension of the abdomen. Strangulated hernias needs prompt surgical and medical care. Initial stabilisation followed by surgical intervention is life saving.

CONCLUSION

As the Indian health care system tries to fight through the tide of Covid 19 pandemic, the highest cost for this fight is borne by non Covid 19 patients. In this pandemic there is evidence that the non Covid cases are avoided due to the reluctance of various surgeons to operate, given the aura created around Covid. This “short time” pause in treating non Covid 19 patient may be fatal for several of them.

In this era of Covid-19 pandemic, doctors being the backbone of this ongoing fight, must realise the threat of Covid-19

pandemic is real but healthcare for other non Covid patients cannot be ignored.

Conflict of interest: None

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