

SPONTANEOUS RUPTURE OF AN INCISIONAL HERNIA

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Summary

Background: spontaneous rupture of an incisional hernia is rare.

Aim: to report a case encounter recently and present a brief literature review

Report: A 28 year old lady presented 2 years after a caesarean section with a spontaneous rupture of incisional hernia from the section. She tested positive for HIV infection. The rupture was repaired under antibiotics cover. She made an uneventful recovery but has since been lost to follow up.

Lesson: the risk of spontaneous rupture is an indication for the elective repair of incisional hernias

Key words: incisional; spontaneous rupture; Antibiotics; Repair

Introduction

An incisional hernia is one form of wound failure frequently encountered abdominal surgery¹. although the content of a hernia may rupture from direct trauma², spontaneous rupture of such a hernia is uncommon^{2,4}. another case of spontaneous rupture of an abdominal incisional hernia is presented.

Case report

A 28 year – old lady had a caesarean section through a longitudinal abdominal wound. The wound healed by primary intension. Two years later, she noticed the swelling in the scar two months before presentation she developed cough. The scar burst during about of coughing and she noticed protrusion of the viscera. She was brought to Sophia clinic in port Harcourt. On examination, she was alert and calm she had a reducible incisional hernia below the umbilicus. Part of his hernia had dehisced a short loop of small intestine protruded from the burst wound. A chest X-ray showed no pathology shadows. Her haemoglobin concentration was 9.8 gm/dl. She tested positive for HIV infection. She was commenced on recephine, Gentamicin and flagyl intravenously and prepared to repair of the burst abdomen.

At exploration, the material used to close the fascia in the original wound was not seen. She had a patch of the small intestine gangrenous on the antimesentric border. Th is patch was resected. The intestine was reanastomosed in two layers with chromic catgut and interrupted silk sutures. The fascia was closed with a running No nylon suture and skin

was closed silk. Her postoperative course was smooth. Her sutures was removed and she was discharged home on the 8th postoperative day. At review a month later, she remained well and the wound was intact. She has since been lost to follow up.

Discussion

Dehiscence of a scar is uncommon and only a few reports^{3,4} have been retrieve from a search of the midline from 1960 to September 2005. spontaneous rupture of the umbilical sepsis has been reported infants following bouts of crying according to the authors⁵.

The above patient was tested for HIV because it is the policy of the clinic to do the test on the patient for the surgery. She was informed before before the test and after. Patients who have HIV positive and required surgery should not be denied the treatment⁶.

It is possible an absorbable suture materials was used to close the fascia of the original laparotomy wound as suture materials was found at exploration. Although the new synthetic absorbable suture as polyglatin (vicryl), polyglycolic acid (Dexon), polyglyconate (maxon), polydioxanone (PDS) have being found affected in the reduction of the incidence of incisional hernias from laparotomy wounds⁷, they expensive. There fore the egually affective⁸ but cheaper monofilament non- absorbable materials like Nylon are recommended in our

environment. A large proportion of abdominal incisional hernias result from wound infection⁹. repair of these is often complicated by further infection in the repair wound¹⁰. this, additional to the contamination inherent in the r upture of the scar in this case, is further justification for the use of antimicrobial agents in the resuture of incisional hernias

The occurrence of burst abdomen as complication of an incisional hernia should be an indication of the elective repair of such a hernias include recurrent dehiscence and recurrent incisional hernia¹¹. the later can occur weeks to years after a repair. Review of the patient over several years to identify these complication is recommended.

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THE PROBLEMS OF EYE CARE DELIVERY IN LAFIA, NASARAWA STATE NORTH CENTRAL NIGERIA

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Background: - Lafia, the state capital of Nasarawa State has a specialist hospital that serves the entire state and beyond. It is a referral centre for the primary health care centres and cottage hospitals, but is short of man-power to meet the health needs of the populace. There have never been any ophthalmologists employed to work in the Specialist Hospital, as such all eye problems were managed by either ophthalmic nurses or optometrists. Difficult cases were referred.

Aim: - To assess the problems of eye care delivery in Lafia.

Method: Records of patients seen between 1999 to 2003 were retrieved; Information on Sex, Age, and History, physical and eye examinations, investigation, diagnosis and treatment given were reviewed.

Results: A total of 5, 376 cases reviewed, 3,721 (69. 21%) were diagnosed with diseases of the anterior segment, while 273 (5.1%) were diagnosed with various diseases of the posterior segment.

1, 382 (25.71%) had other eye diseases that were not specific. Four thousand, one hundred and seventeen (78.58%) patients

had treatment with traditional eye medicine before or after visiting the hospital

Conclusion: The absence of an ophthalmologist in this study has shown that due to inadequate knowledge of the diseases, proper management of cases was not done. Patients had to travel long distances to get adequate treatment even if it was an emergency. The problem of lack of ophthalmologist will remain with us for a long time. This might create a big vacuum that is filled in by other eye care providers who are not knowledgeable in providing eye care.

Key words: PROBLEMS, EYECARE. DELIVERY

INTRODUCTION

Eyecare delivery in any community should be affordable and accessible, but this is not the case with the Lafia community where eyecare is quite inaccessible as a result of lack of ophthalmologists. All patients with cataract, retinitis pigmentosa, endstage glaucoma, and optic nerve atrophy were referred to centres like Kano, Jos or Kaduna (all in Northern Nigeria) where there are ophthalmologists for proper management. In some cases these patients were unable to travel all these long distances as this