A Rare Posterior Rectus Sheath Hernia Causing Chronic Abdominal Pain

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Introduction

- Posterior rectus sheath is comprised of fascia of internal oblique, transversus abdominis, and transversalis superior to the arcuate line
- Difficult to diagnose due to unreliable physical exam characteristics, variable history of presentation, subtle radiological findings
- Limited literature for management

Case Report

- 80-year-old female with obesity
- 2-3 month history of RLQ and periumbilical abdominal pain, nausea, and constipation
- Imaging: possible early appendicitis, laxity of abdominal wall at RLQ with uncertainty of true hernia with encroaching ileum

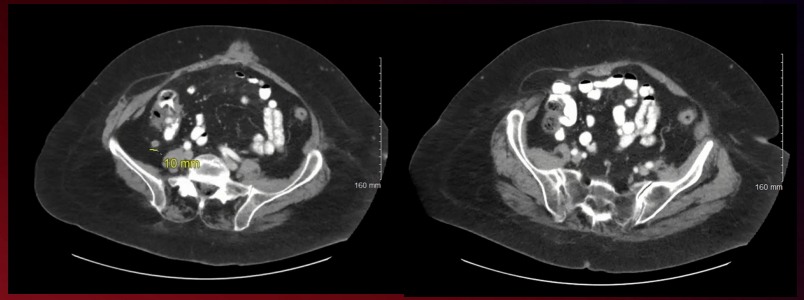

Figure 1: CT abdomen/pelvis with IV and PO contrast

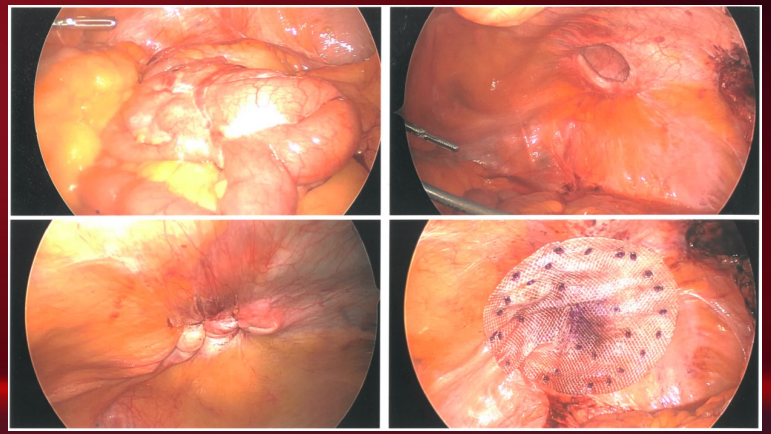

Figure 2: Intraoperative images of posterior rectus sheath hernia, primary closure, and mesh placement

Operative Management

- Entry via Veress at Palmer's Point
- 4 cm hernia defect R lateral abdominal wall, nearby distal ileum with multiple loops adhered together suspected to prolapse into hernia defect
- Edematous appendix without inflammation
- Standard appendectomy
- Closure of hernia defect with 3-0 Vicryl
- 12 cm round Gore Synecor mesh

Conclusion

- Consider in differential for chronic abdominal pain without clear etiology
- This patient benefitted from diagnostic laparoscopy with identification and repair of hernia prior to development of complications