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Congenital lumbar (Grynfeltts-Lesshaft) hernia-Case report

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Summary

A 6 month old male who had congenital lumbar hernia associated with congenital bilateral dislocation of the radial head, scoliosis, VII. nerve palsy and left pes planovalgus was presented. Operative repair is recommended for congenital lumbar hernia before 12 months of age.

Key words: Congenital lumbar hernia.

Lumbar hernias occur in the flank and are most often acquired (spontaneous, posttraumatic, or postoperative) rather than congenital. The aim of this study was to report a case of congenital lumbar hernia associated with many congenital abnormalities.

Case Report

A 6 mont-old male was admitted to our department with the complaint of mass in his left flank since birth. He had no history of surgery or trauma. The pregnancy of mother was uncomplicated.

Physical examination showed facial paralysis, a 4x6 cm soft left, flank mass that increased when the patient coughed or cried, and pes planovalgus (Fig 1). Bowel sounds were heard in the mass and the spleen was palpated. IVP showed rotation of the left kidney. X-rays of the long bones revealed congenital bilateral dislocation of the radial head. X-ray of the vertebrae showed fusion of 10th and 11th thorocal vertebra, hemivertebra and scoliosis (Fig 2). Plain abdominal roentgenogram revealed malrotation of the intestine.

At the operation, a well-defined fascial defect was found at the level of the superior lumbar triangle. The hernia content included spleen, omentum, and hepatic flexura of the colon. The defect was closed with interrupted nonabsorbable suture without tension. The postoperative course was uneventful and the patient was discharged on the seventh day and refered to the Department of Orthopedic Surgery. He has remained well since then.

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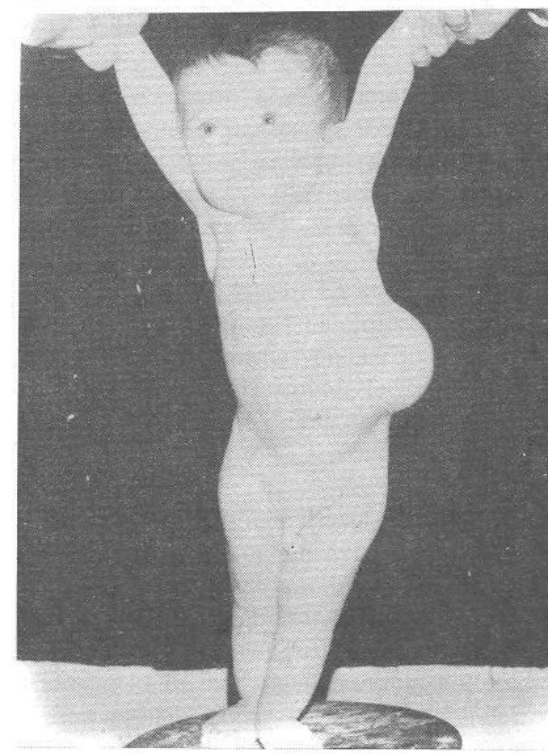

Fig 1. Picture of the patient at the age of 6 months.

Discussion

Congenital lumbar hernia is extremely rare in childhood and usually appears in the patient as a large, compressible, soft tissue mass that may increase in size when the child cries [2]. It is located at the weak points of the superior (Grynfeltt-Lesshaft) and inferior (Petit's) lumbar trian-

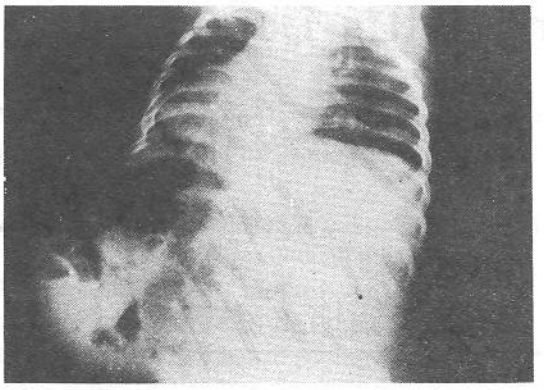

Fig 2. Roentgenogram showing vertebral anomalies, scoliosis and hernia sac with air-filled loops of bowel

gle. Varying degrees of scoliosis are frequently present, secondary to lower thoracic and lumbar hemivertebra and shortening of the intercostal spaces. Many extra congenital anomalies have been reported in the literature [1,2]. The abdominal wall malformation may be primary or secondary to abnormal vertebral development and does not appear to be an inheritent disorder. Anoxic episodes occuring during the eighth to ninth week of gestation have been accused of causing the disease [3]. Operative repair is recommended before 12 months of age, as the hernial defect may enlarge with growth, making primary closure with surrounding tissue difficult [1].

References

1. Lowell DG, Fuzzetta PC: Lumbar hernia in a case of posterior meningomyelocele. J Pediatr Surg 21(10):913, 1986.
2. Massone D, Sciacca F: Congenital lumbar hernia. Am J Dis Child 136:457, 1982.
3. Talkukder BC: Congenital lumbar hernia. J Pediatr Surg 9:419, 1974.