Bilateral Petit’s Triangle Hernia

Sanjay Kumar Bhasin, Arshad Bashir Khan, Sanjay Sharma

Abstract

Lumbar triangle hernia that occurs through lumbar triangles is very rare type of hernia. Only about 300 cases have been reported till date. Bilateral Petit’s triangle hernia find further rarity and the case under reference is probably the first ever reported case of Primary bilateral Petit’s triangle hernia. The present case is of a 46 years old married, multigravida female who presented with 1 year duration of LBA and subsequently notice of swelling both sides of low back. FNAC revealed lipoma and on exploration it turned out to be rarest extra peritoneal bilateral Petit’s triangle hernia, fat as contents.

Key Words

Inferior lumbar triangle, Hernia

Introduction

The qualification bounded above by the 12th rib, below by the Iliac crest, behind by the erector spine muscle and in front by a vertical line drawn from tip of the 12th rib to Iliac crest contains two triangles i. e. Gryneff-Lesshafts or Superior Lumbar Triangle and Petit’s or Inferior Lumbar Triangle. The inferior lumbar triangle is bounded by the posterior free margin of the external oblique muscle in front; latissimus dorsi behind and iliac crest below (1).

The aetiology of a lumbar hernia may be congenital (maldevelopment or malformation of musculoskeletal system) or acquired. The spontaneous acquired variety may represent either a delayed presentation of the congenital variety or may be due to weakening of the muscle layer and various straining factors (2).

In addition 25% of all lumbar hernias have traumatic aetiology (3). This may be post surgical especially after kidney operation (4), harvesting a bone graft from the iliac crest (5), or fashioning a latissimus dorsi flaps. Lumbar hernias may also follow blunt or penetrating injuries to the flanks in which case hernia may be large and not conform to the anatomical boundaries of the lumbar region (6) .. Most of the primary lumbar triangle hernias occur through the inferior lumbar triangle of Petit’s. Till date about 300 odd cases of lumbar triangle hernia have been reported (3). Bilateral inferior umbar triangle hernia further finds scarcity in the literature. Author presents here a very rare and probably the first reported case of primary inferior lumbar triangle hernia / Petit’s triangle hernia.

Case Report

Forty-six year old married, multigravida, thin build female presented in the surgical OPD with 1 year history of pain low back, dull aching to dragging / burning in nature at times moderate intensity. The patient noticed small swellings on either side of the lower back while getting oily massage from a quack about 9 months back. There was an increase in the size of the swelling. There was no associated history of surgery, trauma and fever / constipation / cough. On examination, there were two well-defined circumscribed swelling on either side of the lower back while getting oily massage from a quack about 9 months back. There was an increase in the size of the swelling. The FNAC of swellings revealed features consistent with lipoma. With intent to excise the lipoma the author proceeded with surgery under local anaesthesia. The FNAC of swellings revealed features consistent with lipoma. With intent to excise the lipoma the author proceeded with surgery under local anaesthesia.
so may investigation like barium studh, IVU etc. have been recommended with an intent to find out which part of the bowl makes contents of the hernia but lately CT scan has been considered as one investigation that distinguishes muscular and fascial layers. In addition it differentiates between hematoma /abscess / soft tissue tumors (9-10). Ultrasound has also been proved useful in imaging a lumbar hernia (11). A lumbar hernia should be repaired surgically as it is prone to both obstruction and strangulation (12). Laparoscopic transabdominal preperitoneal mesh repair for lumbar hernia confers all the benefits of minimal access surgery to the patient and follows current principles of tensionless repair of ventral abdominal hernia (13). We repaired the defect with prolene on both side. Patient remained in follow up clinic for about one year. Patient was symptoms free and without any evidence of recurrence.

Conclusion

Congenital, spontaneous as well as posttraumatic herniation through lumbar triangles is a very rare entity which can be confused with various conditions hence diagnosis requiring an appropriate index of suspicion and timely surgical treatment is highly warranted.

References


Discussion

Only about 300 cases of lumbar triangle hernia have been reported till date that shows the rarity of the condition (3,7,8). There is a possibility that because of asymptomatic or vague complains such as low backache (9), the diagnosis may further be missed or delayed in fatty patients or in post surgical patients in whom the classical presentation of a reducible flanks swelling, which gives an expansile impulse on coughing is uncommon. In such a situation, a long standig hernia is apt to be mistaken for lipoma, fibroma, a retroperitoneal tumor or a chronic abscess (1). Our case presented with history of low backache ranging from dull aching to moderate intensity, dragging / burning sensation with two palpable swellings on either side of spine in the lower back. We proceeded with provisional diagnosis of lipoma as preoperative FNAC also revealed the same. Although