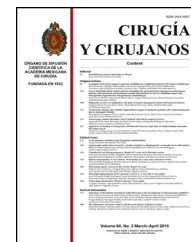




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CLINICAL CASE

Primary posterior perineal hernia associated with dolichocolon[☆]



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KEYWORDS

Perineal hernia;
Dolichocolon;
Surgical approach

Abstract

Background: Primary posterior perineal hernias in men are rare. We report a case of this type of hernia associated with dolichocolon, a condition which, to our knowledge, has not been reported previously.

Clinical case: A 71-year old male presenting with a perineal tumour of 40 years evolution. He had no history of perineal surgery or trauma. On physical examination, a lump of 4 cm × 3 cm was observed in the right para-anal region, which increased in volume during the Valsalva manoeuvre. Computed tomography showed a defect in the pelvic floor, which was reconstructed using a roll of polypropylene mesh in the hernia defect.

Discussion: The case described is of interest, not only because a perineal hernia is a rare clinical entity, but also because repair using a roll of mesh has not been reported associated with a dolichocolon, which can be considered a factor risk for development.

Conclusions: The surgical approach and repair technique of the pelvic floor for perineal hernias should be individualised. The use of mesh for reconstruction should always be considered. The presence of dolichocolon can contribute to the gradual development of a perineal hernia.

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PALABRAS CLAVE

Hernia perineal;
Dolicocolon;
Abordaje quirúrgico

Hernia perineal posterior primaria asociada a dolicocolon**Resumen**

Antecedentes: Las hernias perineales posteriores primarias en hombres son muy raras. Presentamos un caso de este tipo de hernia asociada a dolicocolon, una condición que a nuestro conocimiento no ha sido antes reportada.

Caso clínico: Un hombre de 71 años de edad presentó una tumoración perineal de 40 años de evolución. No tuvo el antecedente de cirugía perineal ni de trauma. En la exploración física se apreció una protuberancia de 4 × 3 cm en la región paraanal derecha, que aumentaba de volumen durante la maniobra de Valsalva. La tomografía computada mostró un defecto en el piso pélvico. Para su reconstrucción se colocó un rollo de malla de polipropileno dentro del defecto herniario.

Discusión: El caso que describimos es relevante por tratarse de una entidad clínica rara, como lo es la hernia perineal; pero, además, no se ha descrito su reparación mediante un rollo de malla ni se ha reportado asociada a dolicocolon, el cual puede ser considerado un factor de riesgo para su desarrollo.

Conclusiones: El abordaje quirúrgico y la técnica de reparación del piso pélvico de las hernias perineales deberán individualizarse. El uso de malla para la reconstrucción deberá siempre ser considerada. La presencia de dolicocolon puede contribuir al desarrollo progresivo de una hernia perineal.

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Background

Pelvic floor hernias are rare. Three varieties may be distinguished in decreasing order of frequency: obturator muscle hernias, perineal hernias and sciatic hernias.¹ Perineal hernias are defined as protrusions of intraperitoneal or extraperitoneal content caused by a defect in the pelvic diaphragm.² They are anatomically classified as: anterior or posterior based on their association with the transverse perineal muscle. The anterior ones appear only in women through a urogenital diaphragm defect whilst the less frequent posterior hernias protrude through a defect in the levator coccygeal muscle.¹ Perineal hernias are also etiologically divided into: primary (congenital or acquired) and secondary hernias.³ The latter are generally a consequence of major pelvic surgery, such as abdominal perineal resection of the rectum, pelvic exenteration and perineal prostatectomy, or a trauma injury of the perineum.⁴ Incidence of this variety ranges between 0.6% and 7%, depending on the surgery preceding it,⁴ whilst its prevalence has been estimated at 0.34%.⁵ Furthermore, primary perineal hernias which are more common in women than in men at a rate of 5:1, are a less frequent clinical condition than the secondary type.⁶ One of the possible risk factors for primary perineal hernias has been reported as the increase in intra-abdominal or pelvic pressure during pregnancy, birth and in obesity, together with a tobacco habit, chronic ascites and recurrent infections or acquired weakness of the pelvic floor.¹ In the case of congenital type chromosome changes have been reported which correspond to monosomy X, in fetuses with perineal hernias.⁷

The aim of this article is to: present the case of a primary posterior perineal hernia, in a male patient, associated with dolichocolon, a condition which to our knowledge has never been reported.

Clinical case

A 71-year old man presented with a perineal tumour of 40-year evolution. He had undergone left inguinal herniorrhaphy with tension repair 22 years previously, and transurethral prostatic resection with benign hyperplasia 2 years previously. His vital signs on admission were: blood pressure of 120/80 mmHg, heartbeat of 75 per minute, breathing rate of 18 per minute and body temperature of 36.9°C. Physical examination revealed a soft 4 cm × 3 cm lump, in the right para-anal region, which over the last few years had been associated with constipation and progressively intensive pain when sitting down (Fig. 1) The



Figure 1 Right perineal hernia (arrow).

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