Online Case Report

Umbilical varix presenting as an incarcerated umbilical hernia – a costly mistake if not recognised

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Incarcerated umbilical hernias commonly present as emergencies. Often they are diagnosed clinically and repaired surgically. In the case reported here, surgery could have been complicated by a major haemorrhage. An accurate history, high index of suspicion and attention to detail are paramount.

Key words: Incarcerated umbilical hernia – umbilical varix

In July 2002, a previously fit and healthy 48-year-old man presented to the surgical department as an emergency with a 5-day history of pain, swelling and discomfort around the umbilicus. The pain and swelling had progressively worsened since the onset of symptoms. There were no symptoms of intestinal obstruction.

The patient denied an existing alcohol dependency but confessed to having had this problem 10 years ago. Apart from this, there was no other significant past medical history.

On examination there was a 2 cm × 2 cm tense, tender, irreducible peri-umbilical mass, and a divarication of the supra umbilical rectus muscle. Clinically, there was some doubt about the presence of ascites. There were no other signs of chronic liver disease. A provisional diagnosis of incarcerated umbilical hernia was considered (Fig. 1).

The patient’s blood tests revealed mildly deranged liver functions with slight elevation of prothrombin time (22 s; $n = 10\text{--}14$) and activated partial thromboplastin time (41 s; $n = 24\text{--}35$), gamma glutamyl transpeptidase (GGT) 206 IU/l, with an INR of 2.0. In view of his history of alcoholism and blood tests, an abdominal ultrasound scan was performed. This showed a large varix within the hernia with Doppler flow (Fig. 2) and a variceal connection up to the ligamentum teres of the liver

Figure 1 Swelling around the umbilicus.

suggestive of a variceal peri-umbilical vein. Also, the liver was shrunken with nodular cirrhotic appearances and a mild degree of ascites.

The patient received medical treatment for his liver failure. The umbilical lump reduced spontaneously within 48 h of this, and the patient was discharged from hospital with out-patient medical follow-up.

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Figure 2 Doppler flow showing a large varix within the hernia.

Discussion

Although there have been a few case reports of varix presenting in inguinal hernia,¹ there have been no reported cases of a varix presenting as an incarcerated umbilical hernia. Studies suggest a conservative approach

where possible.¹ O'Hara et al.⁴ recommended an aggressive surgical approach for fear of rupture and ulceration, but also recommended delay where possible until cirrhosis has stabilised, ascites has diminished and the nutritional state has improved.

Incarcerated umbilical hernias commonly present as emergencies. Often they are diagnosed clinically and repaired surgically. In the above case surgery could have been complicated by a major haemorrhage. An accurate history, high index of suspicion and attention to detail are paramount.

Although this may not be a rarity, we feel that junior surgical staff often performing umbilical hernia repair should be aware of the above possibility before considering surgery as it can lead to regrettable consequences.²⁻⁴

References

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