

Incarcerated Umbilical Hernia After Colonoscopy in a Cirrhotic Patient



To The Editor:

An 89-year-old woman presented to the emergency department with acute abdominal pain, nausea, and vomiting. The day before admission, she had undergone an outpatient colonoscopy for follow-up after previous polypectomy. During the current procedure, no further polyps were removed and the patient was discharged. Shortly after the procedure, she developed abdominal pain and started vomiting. She had been previously diagnosed with liver cirrhosis (Child-Pugh stage A). Clinical inspection of the afebrile patient demonstrated a tender abdomen, protrusion of umbilicus, and umbilical hernia. Blood test results

showed a slight elevation of the white blood count ($13.100 \times 10^9/L$) and a creatinine level of 2.0 mg/dL due to a chronic kidney injury. The x-ray and computed tomography scans (**Figure 1A-C**) confirmed the incarceration of the umbilical hernia with consecutive obstruction of small intestine. The patient was scheduled for immediate surgery. The incarcerated loop of the small bowel was ischemic but viable, and no resection was required. A no-mesh open hernia repair with navel resection was performed. The follow-up was uneventful, and the patient was discharged on the fourth postoperative day.

Umbilical hernias are common in cirrhotic patients. Overall, they are present in approximately 20 % of patients with liver cirrhosis and approximately 40% of patients with ascites.¹ There are several case reports of incarcerated umbilical hernias after paracentesis. However, only one case of incarcerated umbilical hernia after colonoscopy has been reported.² Colonoscopy generally is regarded as a safe procedure, also in elderly patients³ and individuals with early liver cirrhosis,⁴ and in most patients it can be performed in an outpatient setting. Although the number of cases of hernia incarceration is low in relationship to the number of colonoscopies, we recommend routine examination of cirrhotic patients who undergo colonoscopy for the presence of umbilical hernias both before and after the procedure.

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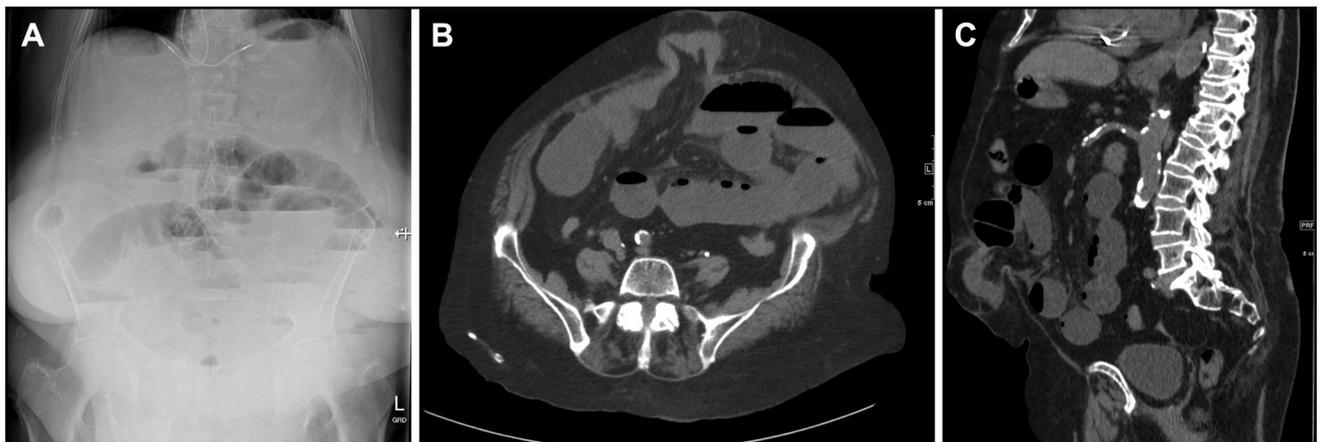


Figure 1 Supine abdominal radiograph (A) and axial and sagittal native computed tomography images (B and C) demonstrate an incarcerated umbilical hernia with obstruction of the small intestine.

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