

HERNIAS

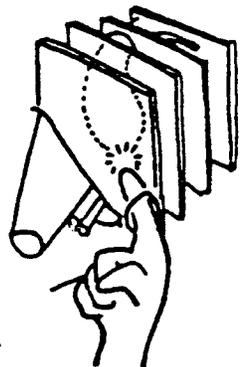
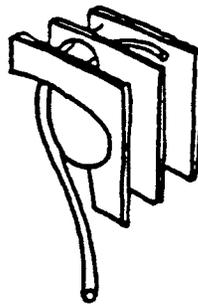
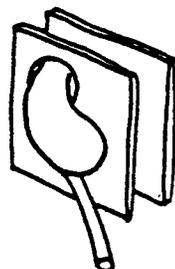
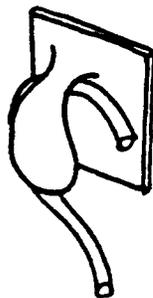
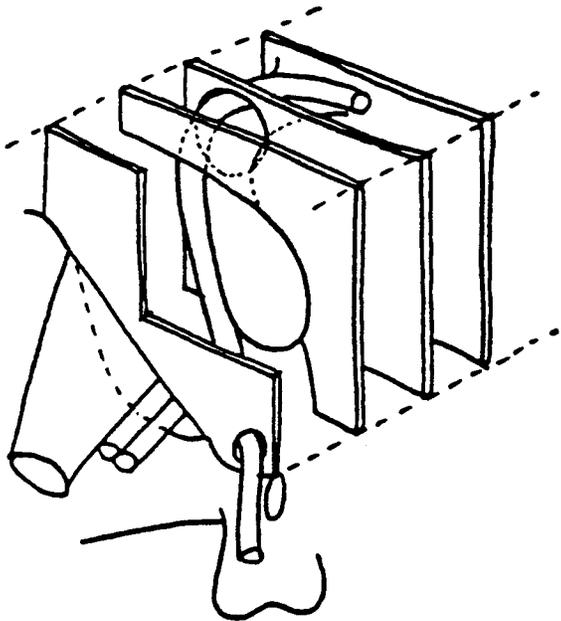
Carlos Pestana, M.D.

An abdominal hernia is a protrusion of a peritoneal sac through a weakened area or defect in the strong layers of the abdominal walls, resulting in the possibility of intraabdominal viscera entering such sac, and becoming entrapped and unable to return to the peritoneal cavity.

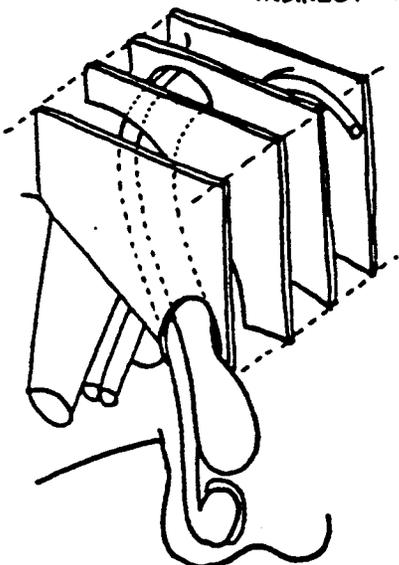
Most hernias are reducible, i.e.: the contents can be pushed back into the abdomen. An irreducible hernia is called an incarcerated hernia. Incarceration that also has interference with the blood supply of the viscera is known as strangulation. A strangulated hernia leads to necrosis of the strangulated viscera, with possible peritonitis and death if it is a hollow viscus.

The threat of strangulation is the main reason to recommend elective repair of all hernias. Exceptions are: esophageal sliding hiatal hernias (which are not true hernias, and do not pose a threat of strangulation), and umbilical hernias in children under the age of 2 (which are true hernias, and can lead to strangulation, but which often close spontaneously).

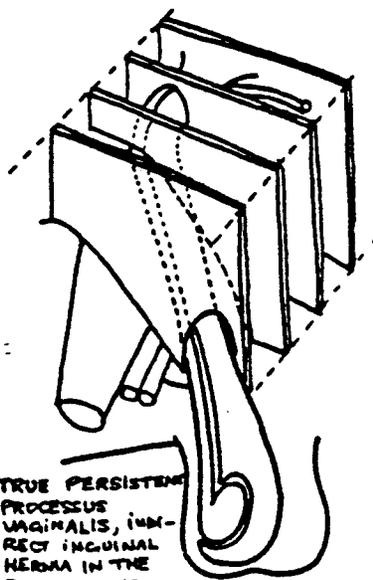
Except for those two situations, all hernias should be repaired if the operative risk is not prohibitive. This includes: inguinal and femoral hernias, umbilical hernias, ventral hernias (except those in the very obese, with very wide ring), and other less common hernias: paraesophageal, hernias of Bochdalek (posterior diaphragmatic), Morgagni (anterior diaphragmatic), hernias of the linea alba (epigastric), obturator hernias, Spigelian hernia (next to rectus muscle, where the fascia of the abdominal muscles changes configuration), lumbar hernia (Petit's Triangle) etc.



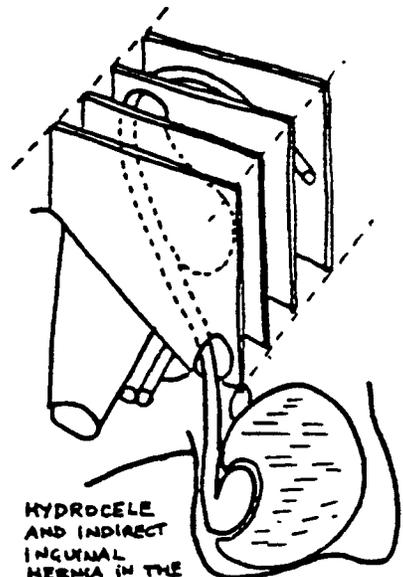
INDIRECT INGUINAL HERNIA, GARDEN VARIETY, IN THE CANAL



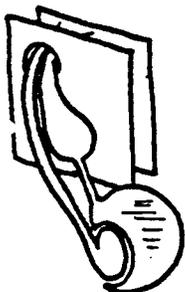
INDIRECT INGUINAL HERNIA, GARDEN VARIETY, IN THE SCROTUM, WITH A SEPARATE TUNICA VAGINALIS



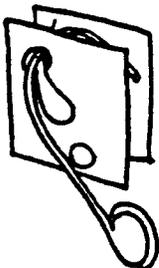
TRUE PERSISTENT PROCESSUS VAGINALIS, INDIRECT INGUINAL HERNIA IN THE SCROTUM, NO SEPARATE TUNICA VAGINALIS



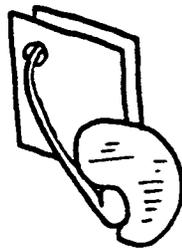
HYDROCELE AND INDIRECT INGUINAL HERNIA IN THE CANAL



COMMUNICATING HYDROCELE



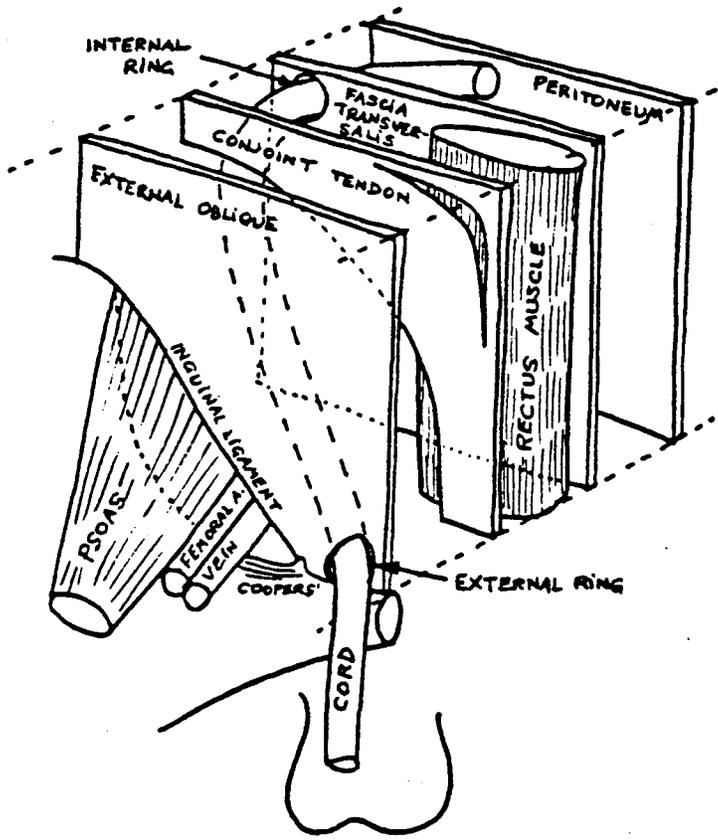
INDIRECT HERNIA, PLUS CYST OF THE CORD



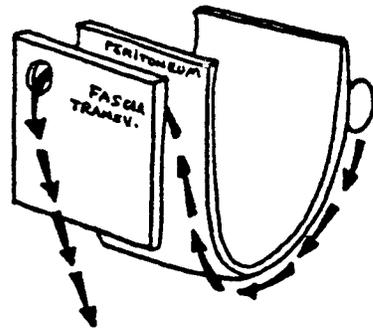
HYDROCELE WITHOUT HERNIA



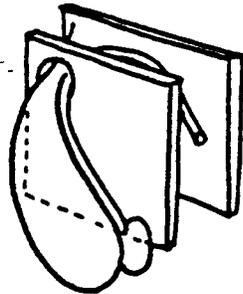
PATENT PROCESSUS VAGINALIS WITHOUT CLINICAL HERNIA.



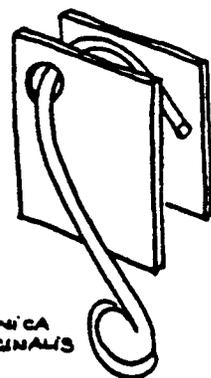
NORMAL ANATOMY



TESTICULAR MIGRATION

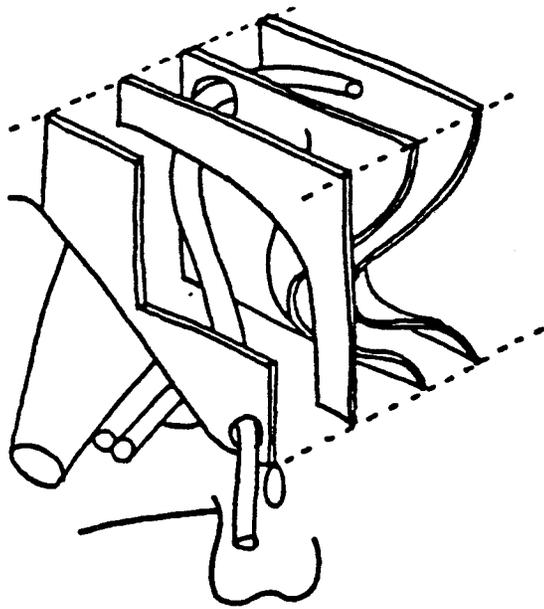


PROCESSUS VAGINALIS

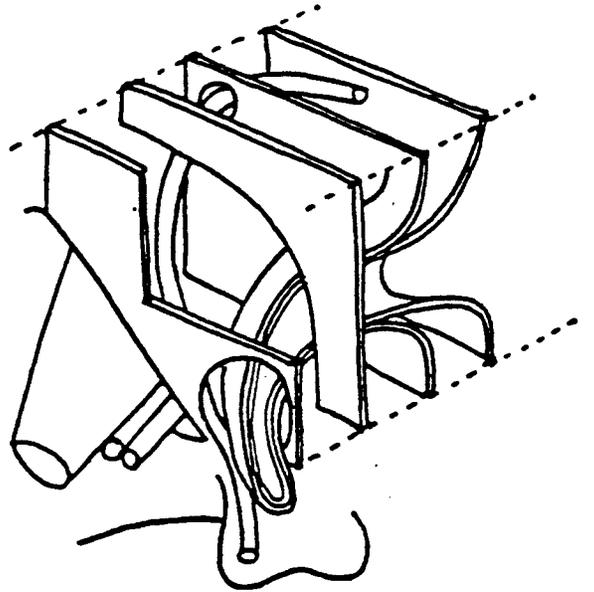


TUNICA VAGINALIS

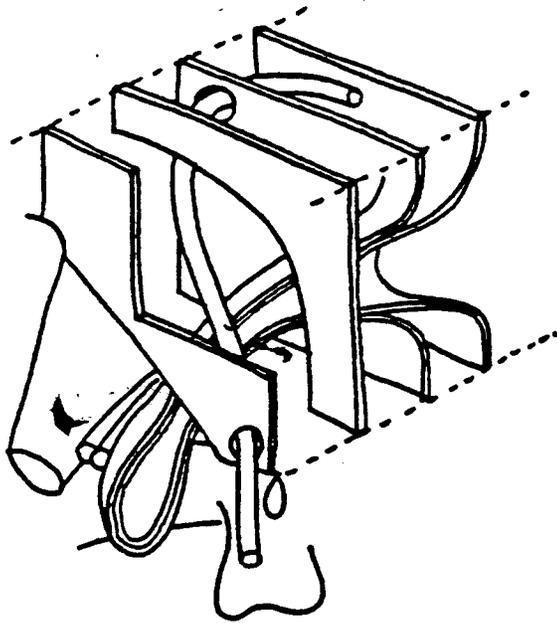
TESTICULAR DESCENT



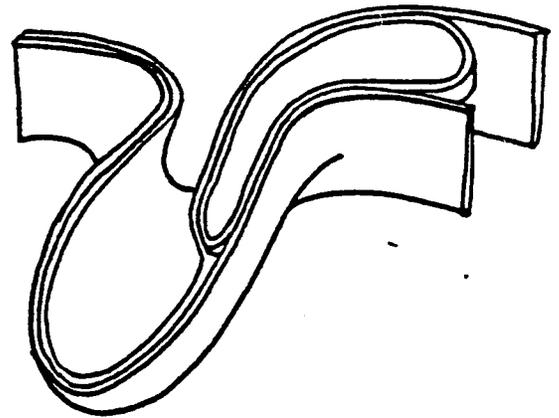
DIRECT HERNIA, IN THE CANAL



DIRECT HERNIA, IN THE SCROTUM



FEMORAL HERNIA



SLIDING HERNIA

