

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

"الذين يذكرون الله قياما و قعودا و على جنوبهم و

يتفكرون في خلق السماوات و الأرض ربنا ما خلقت

هذا باطلا سبحانك فقنا عذاب النار "

صدق الله العظيم

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INCISIONAL HERNIA

Essay

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Introduction

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By definition, incisional hernia represents a breakdown or loss of continuity of a fascial closure. Incisional hernias following major laparotomy in adult humans occur in 5% of cases and in 2-7% of patients undergoing abdominal operation according to Savage and Lamont (1993) and 2% to 11% as estimated by Santora et al. (1993). An incisional hernia develops in approximately 10% of patients in whom a midline incision is closed with mass nonabsorbable suture (Krukowski et al., 1987).

The reported incidence of incisional hernias after diagnostic laparoscopy or laparoscopic sterilization ranges between one in 500 to one in 10,000 cases (Kadar et al., 1993). It is accurate to state that approximately half of the incisional hernias that are likely to occur have appeared by three months after operation (Ellis, 1983). About 55% occur in males and 45% in females (Devlin, 1982). Abdominal incisional herniae is rarely reported as a complication of abdominal surgery in humans infants even though it is well recognized in adults. This is may be due to difference in the ability to heal and regeneration of tissues between infants and adults. Repair of incisional hernias has usually high incidence of infection that may be the result of persistent subclinical infection from an originally contaminated wound.

In more recent years, the introduction of synthetic prosthetic material has proven the opportunity to perform a tension free repair, thereby reducing the rate of recurrence. The aim of this essay is to present comprehensive review of aetiology, pathology, special types, clinical presentation, complications and management of incisional hernia.

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