

## Inferior Lumbar Hernia: A case Report and Review of the Literature

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Primary lumbar hernias are a rare; two types are described, according to the anatomical location of the hernia neck and etiology: the inferior and the posterior. While they are more lessely located within the inferior lumbar triangle. Incarceration is uncommon but represents a surgical emergency when present. We present a case of 68-year-old-woman had an inferior lumbar hernia unexpectedly discovered during an evaluation of the extent of loco regional colorectal adenocarcinoma. Abdominal CT scan demonstrated herniation of small bowel though the inferior lumbar triangle. CT scan is useful to distinguish hernia from solid mass, abscess, or other pathology, while bedside ultrasound may prompt an attempt at immediate reduction. Furthermore, CT provided the vital role in prompting surgical management. CT is now widely accepted as the imaging modality of choice for lumbar hernia, principally for its role in defning hernia contents accurately. Surgical correction is always more difficult in advanced cases; surgery must be indicated as early

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### Introduction

Primary lumbar hernias are a rare form of posterior abdominal hernia; only around 300 cases of primary lumbar hernias have been reported in the literature, making it the rarest form of abdominal wall hernias [1]. It is the protrusion of intraperitoneal or extra peritoneal tissue through a poster lateral abdominal wall defect [2].

### Case

A 68-year-old woman admitted to the general surgery department for colorectal carcinoma. Her past medical history included a chronic low back pain, a cancer surgery with a colostomy. CT scan of the abdomen and pelvis with IV contrast for an evaluation of the extent of loco regional revealed a posterior le abdominal wall hernia through the inferior lumbar triangle measuring 2.6 cm containing a single loop of uid- lled non distended small bowel in Figure. 1.

Furthermore, no ank mass was palpable. His abdomen was so and non-tender with hypoactive bowel sounds. A therapeutic abstention was adopted.

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disappears when the patient assumes the prone position [9]. Heaviness and flank pain has also been described [6]. Reduction, when possible, is best accomplished in the decubitus position with manual compression [7]. There is a predilection for left-sided hernias. Patients with lumbar hernias can present with a bowel obstruction (if contents contain bowel), or urinary obstruction (if contents are kidney/ureter). The reported risk of bowel incarceration from lumbar hernias is about 25% [8].

Lumbar hernias may contain a number of intra- or retroperitoneal structures including: stomach, small or large bowel, mesentery, momentum ovary, spleen kidney [7].

When history and physical exam raise concern for lumbar hernia, CT scan is the preferred modality for confirming the diagnoses as well as delineating the muscular and fascial layers and the contents within the hernia sac [8]. CT provided the vital role in prompting surgical management [10]. CT is also helpful in eliminating other differential diagnoses such as lipomas, fibromas, abscesses, hematomas, and muscle strains, none of which should cause bowel obstruction [6-8].

Ultrasound may prove a useful way of distinguishing a fluid-filled

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