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## Clinical images Imaging of trocar site hernia after laparoscopic surgery



Saknun Panitpongpat<sup>a</sup>, Kuan-Gen Huang<sup>b,\*</sup>, Jongrak Thepsuwan<sup>c</sup>, Aranya Yantapant<sup>d,e</sup>

<sup>a</sup> Department of Obstetrics and Gynecology, Banphaeo Hospital (Public Organization), Samutsakorn, Thailand <sup>b</sup> Department of Obstetrics and Gynecology, Chang Gung Memorial Hospital at Linkou and Chang Gung University College of Medicine, Kwei-Shan, Tao-Yuan, Taiwan

<sup>c</sup> Department of Obstetrics and Gynecology, Bangkok Hospital Medical Center, Bangkok, Thailand

<sup>d</sup> Department of Obstetrics and Gynecology, Rajavithi Hospital, Institute of Undergraduate Medical Education, Bangkok, Thailand

<sup>e</sup> Department of Medical Services in Affiliation with Rangsit University, Bangkok, Thailand

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A 69-year-old woman underwent laparoscopic myomectomy with bilateral salpingo-oophorectomy for ascites of unknown



Fig. 1. Transabdominal ultrasound showed left anterior abdominal wall defect with mass protruding into the subcutaneous space.

\* Corresponding author. Department of Obstetrics and Gynecology, Chang Gung Memorial Hospital, Linkou Medical Center and Chang Gung University College of Medicine 5, Fu-Hsin Street, Kwei-Shan, Tao-Yuan 333, Taiwan.

E-mail address: kghuang@ms57.hinet.net (K.-G. Huang).

origin. The myoma was removed by a morcellator through the left lower accessory trocar, extending the incision about 1.5 cm. Three years later, a asymptomatic palpable mass was found at the left port site area. Physical examination revealed a palpable mass over a previous left accessory trocar site which was difficult to reduce. The height of the patient was 145 cm, body weight was 50.3 kg and body mass index was 23.9 kg/m<sup>2</sup>. Ultrasonography revealed a left anterior abdominal wall defect with a mass protruding into the subcutaneous space (Fig. 1). One year after the hernia developed, the protruding mass became more prominent; an abdominal computed tomography scan showed the hernia over the left lower



**Fig. 2.** Computed tomography scan with contrast-enhanced image showed left abdominal trocar site hernia mass containing omental fat and defect of abdominal fascia.

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abdominal wall with omental fat (Fig. 2). There was no hernia of the bowel loop or strangulation. Laparoscopic repair of the trocar site hernia was performed, with mesh cover at the retroperitoneal space.

Trocar site hernia is a delayed complication of laparoscopic surgery, especially at 10 mm and larger port sites. Trocar site hernia usually manifests during the first few months after surgery. The most common complications of abdominal wall hernias are bowel obstruction secondary to the hernia, incarceration, and strangulation. Presenting symptoms include abdominal pain, vomiting, and constipation. Physical examination may show signs of bowel obstruction. Imaging studies are required to confirm the diagnosis.  $^{1\!-\!3}$ 

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