Retrospective Study of Ventral Hernia in Thoothukudi Medical College, Thoothukudi, Tamilnadu, India

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I. Introduction
Hernias of the anterior abdominal wall or ventral hernias represent defects in the parietal abdominal wall fascia and muscle through which intra-abdominal or preperitoneal contents can protrude.

Primary ventral hernias are gradually named according to their anatomical location. Epigastric hernias are located in the midline between xiphoid process & the umbilicus. Umbilical hernias occur at the umbilical ring and may be present at birth or develop later in life. Spigelian hernia occur through the fascia in the region of semilunar line.

10 – 20% of the patients may eventually develop hernias at the incision sites ( Incisional hernia ) following open abdominal surgery. Incisional hernias occur as a result of excessive tension and inadequate healing of a previous incision which may be associated with surgical site infections.

Lumbar hernias can be congenital or acquired. Hernias through superior lumbar triangle ( Grynfeltt’s triangle) are more common.

II. Materials And Methods
This study included 160 cases of Ventral hernia treated in the Department of General Surgery in Thoothukudi Medical College and Hospital from January 2017 to December 2018. This is a 2 year retrospective study of 160 patients with ventral hernias. Data collected from Medical records department for this study. The patients undergone surgery after informed written consent.

III. Source Of Data
Retrospective data collected from the hospital records from January 2017 to December 2018. The data of 160 patients so collected was tabulated and analysed.

IV. Observation And Results
During the period of study from January 2017 to December 2018, a total number of 160 ventral hernia cases had undergone surgery in our institution. Out of 160 cases of ventral hernias, 58 cases were Umbilical hernia, 56 cases were Incisional hernia, 30 cases were Paraumbilical hernia, 13 cases were epigastric hernia, 2 cases were lumbar hernia and 2 cases were spigelian hernia.

<table>
<thead>
<tr>
<th>TYPES OF HERNIA</th>
<th>NUMBER OF CASES</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Umbilical hernia</td>
<td>58</td>
<td>36%</td>
</tr>
<tr>
<td>Incisional hernia</td>
<td>56</td>
<td>35%</td>
</tr>
<tr>
<td>Paraumbilical hernia</td>
<td>30</td>
<td>19%</td>
</tr>
<tr>
<td>Epigastric hernia</td>
<td>13</td>
<td>8%</td>
</tr>
<tr>
<td>Lumbar hernia</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Spigelian hernia</td>
<td>2</td>
<td>1%</td>
</tr>
</tbody>
</table>

The occurrence of ventral hernia is more in females. Among 58 cases umbilical hernia, 29 were females and 29 were males. Among 56 cases of Incisional hernia, 50 were females and 6 were males. Out of 30 cases of paraumbilical hernia, 16 were females and 14 were males. Among 13 cases of epigastric hernia, 3 were females and 10 were males. 2 cases of lumbar hernia were males and 2 cases of spigelian hernia were females.

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