Gravid Uterus Contained Within an Abdominal Hernia: A Case Report

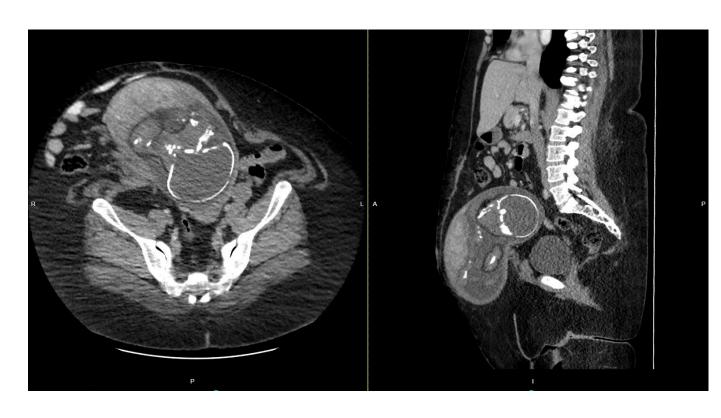
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Background

- 28-year-old G2P1 woman with class III obesity, chronic hypertension, and obstructive sleep apnea.
- Presents with an 18 cm by 22 cm abdominal wall hernia containing small bowel and a gravid uterus.
- The hernia was first identified during her primary cesarean section with the plan for postpartum surgical repair.
- However, she became pregnant prior to her scheduled hernia repair.



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Delivery and Hernia Repair

- At 36 weeks and 6 days gestation, she developed superimposed pre-eclampsia with severe features.
- She underwent an urgent combined cesarean section and abdominal wall hernia mesh repair with the assistance of General Surgery.
- A CSE was placed at the start of the case. Her anesthetic was converted to general
 anesthesia after uncomplicated delivery of the fetus due to pre-procedure request for
 muscle relaxation for the hernia repair.
- In the postpartum period, her pain was well managed with a continuous lumbar epidural infusion and patient-controlled analgesia pump, which were transitioned to oral analgesics.
- She was discharged home with close follow-up on postpartum day 6.

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Discussion

- The herniation of a gravid uterus into an abdominal wall hernia is a rare occurrence.
- Potential complications include spontaneous abortion, preterm labor, intrauterine growth restriction, intrauterine fetal demise, and incarceration of bowel or the gravid uterus.
- No consensus currently exists as to its peripartum management.
- Watchful waiting may lead to a more painful hernia during pregnancy and the continued risk of complications.
- However, repair during pregnancy may restrict the flexibility of the abdominal wall.
- Fortunately, our patient did not experience any complications related to the hernia.
- The multidisciplinary care by general surgery, obstetrics, and anesthesiology was instrumental in achieving a safe outcome for the patient and her baby.