A Giant Sciatic Hernia

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A sciatic hernia rarely occurs; hence, clinicians often face difficulties in making a diagnosis. The origin of these hernias is the sciatic foramen, which is demarcated by the sacrospinous ligament. A sciatic hernia is more often found in women; one-third of these women are ≥60 years of age [1]. Identifying the nature of the condition by examining the symptoms is often challenging. Half of the patients give a qualitative account of their condition; this consists of them having non-specific abdominal and pelvic pain and one-third of them having a tumor identified in their clinical examination. Ultrasonography and computed tomography are the standard imaging modalities used to diagnose sciatic hernias; however, it is worth mentioning that magnetic resonance imaging (MRI) can also be used for patients where entrapment of the sciatic nerve is suspected. A 52-year-old man who reported having abdominal pain along with a giant mass in the left perineum and left buttock was admitted to our hospital (Figure 1). Figure 2 shows an MRI scan of a sciatic hernia located on the left side with a large hernial sac full of omentum. Laparotomy was performed, and it revealed that the greater omentum protruded from the left sciatic foramen. The omentum, which was jutting out, was reduced by traction, thus avoiding resection as ischemia was absent. Reparation of the sciatic foramen defect was done by suturing the edges. The patient was discharged from the hospital on the fifth postoperative day.

There is no standardized surgical procedure for correcting sciatic hernias; hence, abdominal, gluteal, and combined approaches have been described in the literature. The transabdominal approach is preferred in patients where clinicians suspect small bowel incarceration or strangulation.

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References