CASE REPORT

A 55-Year Old Man with Acute Painful Flank Mass, a Case Report

Aida Alavi-Moghadams¹, Reza Shirvani², Mahmoud Yousefifard³, Mostafa Alavi-Moghadams²⁰
1. Faculty of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran
2. Department of Emergency Medicine, Imam Hossein Hospital, Shahid Beheshti University of Medical Sciences, Tehran, Iran
3. Department of Physiology, School of Medicine, Tehran University of Medical Sciences, Tehran, Iran

Abstract
Lumbar hernias (LH) accounts for less than 1.5% of total hernia incidence. It can occur in two separate triangular areas of the flank. About 300 cases have been reported in the literature. Here, we report a 55-year old man with acute painful left side flank mass and final diagnosis of LH. The mass was appeared about three hours before admission and his pain was slight at first but became more severe gradually. He had stable vital sign and the only positive finding on his physical examination was the sphere shape, firm, mobile, and mild tender mass at his left flank.

Key words: Hernia, flank pain, case report

Case report:
A 55 year old homeless man came to the emergency department (ED) with pain and a mass in his left flank. The patient was awake and oriented. This mass was appeared about three hours before admission and his pain was slight at first but became more severe gradually. On admission, he had 18 per minute respiratory rate, 88 per minute pulse rate, 110/80 mmHg blood pressure, 90% O₂ saturation in room air, and 37°C auxiliary temperature. The pain score was about 9 to 10 according to visual analog scale (VAS). The only positive finding on physical examination was the sphere shape, firm, mobile, without change in color and heat, and mild tender mass at his left flank (Figure 1). There was a 5 cm in diameter scar on this site as a result of previous penetrating trauma injury due to a motor vehicle collision. There was an abdominal wall defect about 8 cm in diameter and bowel loop was trapped in the neck of hernia sac on computed tomography (CT) (Figure 2). As a result, a Petit's triangle LH was diagnosed. Surgery was performed immediately by diagnosis of strangulated LH. Finally the report of surgery finding confirmed diagnosis.

Discussion:
LH accounts for less than 1.5% of the total hernia incidence (7). The inferior lumbar hernia is less common because of attachment of external oblique and latissimus dorsi to the iliac crest. Lumbar hernia could be divided into two groups congenital and acquired (8). Congenital LH accounts for 20% of all LHs. Congenital LH usually...
could be seen in superior lumbar triangle. Complications of LH include irreducibility, incarceration and strangulation (9). In LH symptomatology limited to lower back pain. In less than 10% of cases the onset is acute with bowel obstruction (10). Treatment depends on the size and type of hernia. If the defect is small, it can be closed with continuous polypropylene. For large defect preperitoneal meshplasty is the best treatment. Laparoscopic repair has been used in different reports with less pain and good functional result (11). Motor vehicle accidents are the most common cause of post-traumatic LHs (1, 4). If a LH is found after a motor vehicle accident, it is critical to assume that the patient has other intra-abdominal injuries. These patients should undergo urgent laparotomy because more than 60% of them will have major intra-abdominal injuries.

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