

**IMAGES IN EMERGENCY MEDICINE****Abdominal**

# An old female with emesis and distension of the upper abdominal wall

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## 1 | PATIENT PRESENTATION

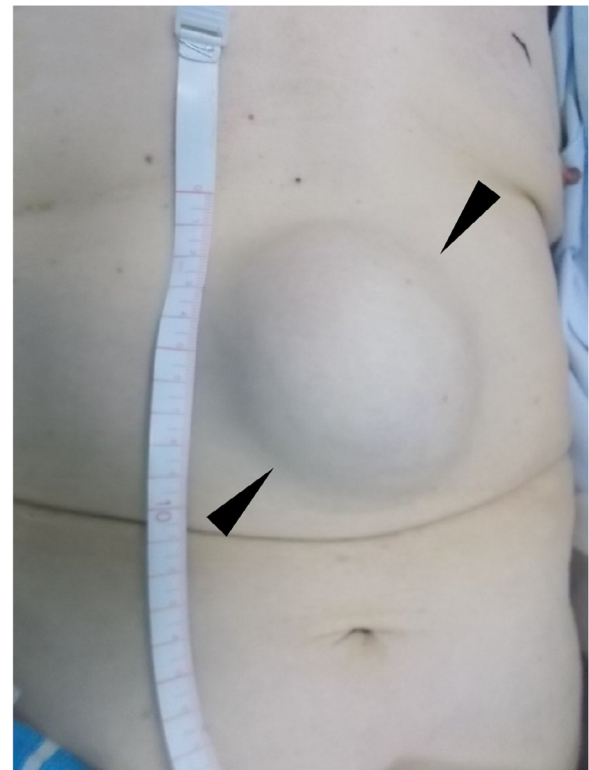
An 86-year-old woman presented at the Emergency Department with complaints of emesis and distension of the upper abdominal wall. She had a history of hypertension, constipation, and vaginal delivery. Nevertheless, she had no history of abdominal surgery. On examination, a mass approximately the size of a tennis ball, 8 cm in diameter, was observed at the linea alba just above the umbilicus, which was tender to palpation (Figure 1, arrowheads). Subsequent contrast-enhanced computed tomography revealed protrusion of the small intestine inside the mass (Figure 2, arrowheads).

## 2 | DIAGNOSIS

### 2.1 | Epigastric hernia

Epigastric hernia is a type of abdominal hernia, accounting for 2%–3% of all abdominal hernias and 0.5%–5% of all operated abdominal hernias.<sup>1,2</sup> This type of hernia is relatively common among individuals aged 20–50 years, with a higher incidence in men than in women.<sup>3</sup> Most epigastric hernias can be attributed to increased pressure within the abdominal cavity due to factors, such as being overweight, having ascites, pregnancy, and constipation. However, epigastric hernia does not demonstrate a direct relationship with the presence or absence of a history of abdominal surgical procedures.

In this case, emergency hernia repair was performed. Due to intra-operative findings of intestinal necrosis in the hernia sac, we performed



**FIGURE 1** A mass approximately the size of a tennis ball, 8 cm in diameter, was observed at the linea alba just above the umbilicus, which was tender to palpation (arrowheads).

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**FIGURE 2** Contrast-enhanced computed tomography revealed protrusion of the small intestine inside the mass (arrowheads).

partial resection of the small intestine. Constipation and the patient's obstetric history are postulated to have played a contributory role. Emergency physicians should be aware of epigastric hernias and consider their presence even in patients without a history of abdominal surgery.

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