

HERNIAS AND THEIR TYPES FOUND IN CHILDREN

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Annotation

A hernia is a defect or weakness of the abdominal wall where tissue- typically intestines-or fat can project through and cause a bulge. Hernias tend to be more common in adults, but they can also affect children and babies. Inguinal (groin) and umbilical (belly button) hernias are the most common types in children and babies.

Keywords: inguinal hernia, umbilical hernia, strangulated hernia, hiatal hernia, epigastric hernia.

The most common hernias in children and babies are inguinal and umbilical hernias. Inguinal hernias are in the groin. These can present as a small bulge in the groin or extend all the way into the scrotum or labia. Most hernias in babies and children are inguinal hernias; they occur in about 1% to 5% of infants and children. Inguinal hernias are more common in premature infants, and occur 10 times more frequently in boys than in girls.

There are two types of inguinal hernias:

Indirect inguinal hernia: These are caused by an opening in the abdominal wall that is present at birth. Inguinal hernias in babies and children are almost always indirect.

Direct inguinal hernia: These rarely affect children. The opening in the abdomen wall usually develops during adulthood, typically the result of age, overexertion, sports or heavy lifting.

Umbilical hernias develop where the umbilical cord was once attached at the navel, or “belly button.” They usually occur when the muscles around the belly button (umbilical ring) do not close after the leftover umbilical cord falls off after birth. Sometimes an umbilical hernia looks like an “outie” belly button. These hernias affect boys and girls equally, but vary among different races.



Sometimes part of the intestine gets stuck in the abdominal opening, a condition called incarceration. If tissue remains incarcerated for a long time, strangulation may develop. Strangulation cuts off the blood supply to that part of the intestine. This condition can result in loss of the strangulated intestine or the involved ovary or testicle. This is a surgical emergency, and strangulation of the bowel can be life-threatening.

Signs of a strangulated hernia include: bloating, fever, lump or bulge that is larger than before and does not regress spontaneously, nausea and vomiting, redness and tenderness around the hernia, sudden, severe abdominal or groin pain.

Other, more uncommon, types of hernias in babies and children include:

Hiatal hernia a hernia in the upper stomach and chest.

Incisional hernia: a bulge resulting from an incision (cut) from a past abdominal surgery.

Epigastric hernias: Small bulges that occur anywhere in a straight line between the umbilicus and lower sternum. Unlike umbilical hernias, these will not close spontaneously. Typically, a small piece of fat will protrude from the opening and can be seen when the infant or child is straining.

Openings in the abdominal wall are normal in babies, and typically close before or right after birth. Hernias in babies and children usually develop when these openings do not close, allowing the intestines or other organs to push through the openings. The hernia might develop soon after birth, or years later during childhood. Factors that increase a child's risk of hernia include:

Birth weight: hernias are more common in premature, underweight babies.

Gender: inguinal hernias are more common in boys.

Genetics: hernias are more common for those with a family history of them.

Medical conditions: undescended testicles, cystic fibrosis, a need for peritoneal dialysis or a peritoneal shunt and other genetic syndromes increase the risk of a hernia.

Race: umbilical hernias are more common in children of African descent.

Children, particularly babies and toddlers, are often too young to describe symptoms of a hernia, so it is important for parents to know how to spot the signs. Symptoms of a hernia in a toddler or baby may include: a lump or swelling near the groin or belly button, pain or tenderness around the groin or lower belly, unexplained crying or fussiness, a visible bulge that gets bigger during straining, crying or coughing.



In most cases, hernias are not a cause for alarm. But they can lead to serious health complications, so it is important for parents to talk to their child's pediatrician right away if there are signs of a hernia. Surgical treatment may be necessary for umbilical hernias that fail to close by school age (around 5 years), and it is always needed for inguinal hernias, as these will never close spontaneously. Umbilical hernias often close on their own within a year or two after birth. For small umbilical hernias (smaller than one-half inch), 85% will likely close without surgery. If the opening is large, stays open past 2 years of age or develops complications, it should be repaired with surgery. Inguinal hernias never go away and have a higher risk of strangulation and related complications than umbilical hernias.

Inguinal hernias and some umbilical hernias need surgery. During the procedure, the surgeon will push the protruding tissue back into place and close the opening with stitches. There are two techniques used in hernia surgery for children:

Open surgery requires a small incision either under or through the belly button for umbilical hernias. For inguinal hernias, a small incision is made in the groin, typically along a natural skin crease.

Laparoscopic surgery uses several tiny incisions in the abdomen and groin.

If bowel (or another organ) is trapped in the hernia (incarcerated or strangulated): The surgeon will first ensure that the blood supply to the bowel has not been cut off for too long. If it has, a small piece of bowel may need to be removed and the bowel sewn back together. The hernia is then repaired.

All in all, having an inguinal hernia in one groin may increase the chance of a hernia on the other side. The surgeon will talk to you about how to care for this possibility. After an inguinal hernia repair, most children do not have problems with this again. But rarely, a hernia can come back. If this happens, a surgeon will need to see your child again. Keep in mind that there are different types of inguinal hernias. Having an inguinal hernia corrected as a child does not mean that your child could not develop a different type of inguinal hernia as an adult, or a hernia on the other side.

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