between 1 to 1½ years of developing neurological manifestation(3) which also occurred in the present case.

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## Spigelian Hernia

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Herniation occurring through a deficiency in the semilunar fascia is called spigelian hernia after the Flemish anatomist Adrian Vander Spiegel. Spigelian hernia is a rare clinical entity and most reports deal with adults(1), with only 18 cases reported in children(2). The rarity of this condition in children prompted the present communication.

**Case Report**

A 2-year-old boy was admitted on 3.8.1989 with history of a swelling in the left infraumbilical region from the third day of birth. There was no history of birth trauma or intestinal obstruction. Examination revealed a 3 × 2 cm soft, reducible infraumbilical swelling lateral to the left rectus muscle with a positive cry impulse. On complete reduction of the swelling, a 3 cm wide defect was palpable in the underlying fascia. With a diagnosis of spigelian hernia, exploration was done on 5.8.1989. A hernial sac was found emerging through a 3 cm defect in the linea semilunaris and lying between the external and internal oblique muscles. The sac was pushed inside, and the fascial defect along with the internal oblique muscle was repaired with 2/0 ethibond sutures. The external oblique was then double breasted with nonabsorbable sutures. The post-operative period was uneventful and the patient is asymptomatic at follow up 6 months later.

**Discussion**

Spigelian hernia is rare in children. It occurs through a weakness in the fascia

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semilunaris. Though the deficiency in the fascia semilunaris is most commonly seen at the acute line midway between the umbilicus and the public symphisis(3), it can occur anywhere along its length and supraumbilical spigelian hernias are also reported(4).

The deficiency in the fascia semilunaris can be congenital or acquired. Congenital defects can occur at the points of entry of the branches of intercostal vessels or the inferior epigastric artery. The acquired causes include accidental abdominal trauma(5,6), operative trauma due to abdominal wall stretching in the treatment of congenital diaphragmatic hernia(7), *etc.* Spigelian hernia has been reported in neonates(8), infants(7,9) and older children(7,10), and is equally prevalent in both sexes. Bilateral occurrence is also on record(11).

The commonest presentation is with nonspecific lower abdominal pain or an ill defined swelling. It can rarely present with strangulation of the contents(8) or with abdominal pain masquerading acute appendicitis(12).

The diagnosis is made on clinical examination and confirmed by operation. In most instances the sac lies between the internal and external oblique muscles as seen in our child, but rarely can be found superficial to the external oblique muscle(10). The sac can be excised or plicated and the overlying muscles repaired with non absorbable sutures. Recurrence is rare. Rarely, small spigelian hernias secondary to trauma may disappear on conservative management(7).

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