

Images in Clinical Practice

Congenital Lumbar Hernia

A five-month-old male patient presented with a swelling in the right flank region since birth. There were no urinary or bowel complaints. On examination, there was approximately 5 cm × 4 cm × 3 cm swelling in the right lower abdomen involving iliolumbar region which was non-tender and reducible and increased on crying (*Fig. 1*). On



Fig. 1. Photograph of crying child showing lumbar hernia.

auscultation bowel sounds were absent. There were no other congenital anomalies. X-ray lumbosacral spine and chest were normal. USG abdomen revealed no visceral abnormality. On the basis of these findings a diagnosis of congenital lumbar hernia was made.

Lumbar hernias are uncommon, with fewer than 300 cases having been reported in the literature. Approximately 10% of all lumbar hernias are congenital and vast majority are unilateral. They occur through one of the two areas of potential weakness either the superior lumbar triangle of Grynfeltt-Lesshaft or inferior lumbar triangle of Petit.

Other common masses, which can present as lumbar swelling are abscess, hematoma, soft tissue tumors, renal tumors and pancreatitis. Presence of a large reducible mass in the flank or lumbar region is sufficient to diagnose a lumbar hernia. Congenital lumbar hernia may be associated with lumbocostovertebral syndrome, which includes malformations like caudal regression anomalies, diaphragmatic hernia, uteropelvic junction obstruction, cloacal exostrophy and lipomeningocele. Treatment is surgical repair.

**Harsh Gupta,
Rajesh Mehta,**

*Department of Pediatrics,
Safdarjung Hospital &
Vardhman Mahavir Medical College,
New Delhi 110 029, India.
E-mail: harshgupta@yahoo.com*