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A Ruptured Umbilical Hernia In An Infant as a Rare Presentation: A Case Report

Introduction

Umbilical hernia affects about one in six children[1], with African infants showing higher incidence than white infants[2]. Most cases resolve spontaneously by age three, but large defects, shiny skin, or ulceration warrant close monitoring due to increased risk of rare complications like spontaneous rupture and evisceration—where herniated contents break through the skin[3]. Emergency surgery is only required in cases of incarceration or rupture with evisceration[3].

Case Report

A 4-month-old female infant weighing 3.2 kg with congenital nephrotic syndrome presented to the ER with a ruptured umbilical hernia and full exposure of a significant segment of small bowel. Prior to admission, she developed progressive abdominal distension followed by leakage of clear fluid from the umbilicus, leading to dehydration. Subsequently, the bowel protruded through the hernial defect. On arrival, she was tachypneic, tachycardic, febrile, pale, and clinically dehydrated.

Figure 1:
Image shows preoperative eviscerated small bowel.

Discussion

An infant with eviscerated umbilical hernia was stabilized in the ER with IV access, two boluses of normal saline, and sterile wrapping of the exposed bowel before urgent transfer to theatre. Intra-operatively, the bowel was viable, irrigated, and manually reduced. Due to poor general condition, comorbidities, and limited anesthetic availability, skin closure was performed under local anesthesia. The postoperative course was uneventful.

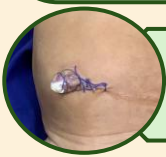

Figure 2:
Image shows Surgical repair postoperatively.

Conclusion

Umbilical hernia is common in children and typically resolves spontaneously. Although complications are rare, they demand urgent intervention when they occur. Rupture can often be anticipated through warning signs, making early management crucial. Physicians and parents should be informed about risk indicators such as a large bulging hernia, skin discoloration, thin shiny skin, ulceration, and factors that increase intra-abdominal pressure.

References

1/ Katz D (2001) Evaluation and management of inguinal and umbilical hernias. Pediatr Ann 30:729-735.
2/ O'Donnell KA, Glick PL, Caty MG (1998) Pediatric umbilical problems. Mediatr Clin North Am 43:791-799.
3/ Kittur DH, Bhandarkar KP, Patil SV, Jadhav SS. Rupture of Umbilical Hernia with Evisceration in a Newborn – A Case Report. J Neonatal Surg. 2017 Aug 10;6(3):67. doi: 10.21699/jns.v6i3.565. PMID: 28920027; PMCID: PMC5593486.

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