
EDITORIAL

Childhood Umbilical Hernia: Need for Caution

In Western literature, childhood umbilical hernia is described as an innocuous condition which develops a couple of weeks after birth, and in 80% resolves by the second birthday. Another 10% are said to disappear by the fourth birthday. Only those which persist after the fourth birthday are operated upon, as they are not likely to close after this age and cause serious complications of strangulation with mortality and morbidity in adult life. Strapping as a method of controlling the hernia was given up, because most herniae disappear spontaneously, and the strapping causes dermatitis and ulceration. Experience at the National Institute of Child Health, Karachi, has shown that umbilical herniae can cause major problems. In a study of 107 patients, it was noted that 18 needed emergency surgery for either strangulation or rupture. The viscera most commonly involved in strangulation were small intestine and caecum. A Richter's type of hernia was often noted due to entrapment of less than the entire circumference of the gut wall. Rupture of the hernia with catastrophic results have occurred in children under six months of age, with whooping cough, or malnutrition following measles. Rupture of umbilical hernia has also been noted in a 10 year old cretin due to ulceration and necrosis of overlying skin. Similar observations have been made in Kuwait.

In view of the above observations, a different policy of management is advocated for the developing countries, where there is a plethora of patients but facilities and expertise for treatment are limited. Whenever possible the child with umbilical hernia should be under the constant care of a family physician, so that in case of emergency, referral to the appropriate hospital could be arranged. Strapping is one way of keeping in contact. Strapping with Opsite does not cause as many reactions as does Zinc oxide adhesive tape.

Those herniae which have shown signs of obstruction, or herniae in children who live in the periphery and cannot gain access to a hospital in emergency, should be electively repaired.

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