

# Complicated Hernias

## **Umbilical Hernias with Localized Abscesses/ S-C Infection**

These animals usually have a history of enlarged umbilical cord since birth but the umbilical mass is not present until several weeks of age . Infection remains localized to the umbilical area. Careful palpation of the mass reveals a reducible dorsal hernia and a firm non reducible ventral portion attached to the skin. Surgical removal of the abscess /area of cellulitis or fibrosis together with repair of the hernia is the treatment of choice

## **Umbilical Hernias with Infections of the Umbilical Cord Remnants**

Umbilical chord remnant infections include omphalophlebitis, omphaloarteritis and infection/ abscessation of the urachus. The usual history is intermittent purulent drainage from the umbilicus beginning at 1-2 weeks of age . Drainage followed by rapidly enlarging mass several weeks later . T. progenies is the most commonly isolated organism from infected umbilicus but E.coli , streptococcus and staphylococcus species may also be identified.

## **Umbilical Abscess/Chronic Omphalitis**

Are a common sequel to circumscribed omphalitis. The umbilical mass often occurs shortly after birth but develops anywhere between birth and 2 years of age. The umbilical mass is usually warm, painful to palpation , non reducible and firm or fluctuant. No hernial ring is palpable and drainage is uncommon. Diagnosis is usually based on physical exam, characteristics of mass and aspiration or purulent material within the umbilicus.

## **Urachal Cyst/Ruptures**