What is the basic condition presented by this patient?

Answer: Saint’s triad is significantly higher than by mere casualty

The coexistence of hiatus hernia or other hernias with gallbladder disorders and colon diverticulosis constitutes the Saint’s triad (ST), a scarcely reported condition first described in the 1940s [1-4]. Although considered relatively uncommon, ST seems to be under diagnosed or underreport [2-4]. The significant relationship among the components of ST is more than mere coincidence and the mechanisms are unclear, but changes in extracellular matrix called “herniosis” can play a role [2-4]. Some authors believe that chronic obstructive lung disease, hypertension, diabetes, and aneurysm may be related to ST; and the extracellular changes might impair the development of malignancies [2-4].

Clinical Image

A Man with Abdominal Hernias, Hydropic Vesicle and Colonic Diverticula

Vitorino Modesto dos Santos¹*, Victor Eduardo de Almeida e França², and Lister Arruda Modesto dos Santos³

1Department of Internal Medicine, Catholic University of Brasilia, Brazil
2Department of Internal Medicine, Armed Forces Hospital, Brazil
3Department of General Surgery, State Workers Hospital, Brazil

CLINICAL IMAGE

This elderly man with diffuse connective tissue disease in outpatient clinical follow-up had an episode of generalized acute abdominal pain of great intensity associated with impairment of general condition, signs of peritoneal irritation, in addition to circulatory instability. Physical examination detected pallor, absence of jaundice, tachycardia and hypotension, presence of umbilical and inguinal hernias, without signs of strangulation or stiffness of the abdominal wall. The abdominal images of computed tomography (CT) without contrast revealed signs of intestinal perforation, colon diverticula, hydropic gallbladder, and inguinal and umbilical hernias (Figure 1). With confirmed diagnosis of acute perforating abdomen, immediate surgical correction was performed by open laparotomy. In spite of postoperative intensive care for hemodynamic instability control, the patient evolved to death due to irreversible septic shock that occurred three days later.

Worth of note, the old man herein reported had antecedent of hypertension and diabetes mellitus; however, CT images did not show the presence of aortic aneurysm or dilated cardiomyopathy [2,3]. The commented relationship between hernias, colonic diverticula and aneurysms might involve disordered regulation of the matrix metalloproteinase, with abnormal connective tissue remodeling and degradation [2,3]. The authors strongly believe that novel hypothesis about the pathogenesis of ST should merit complementary research. In fact, abdominal and inguinal hernias are very common conditions in general population that can be easily detected in primary health care attention, and are often referred to surgical management [5]. Moreover, recent studies focusing matrix metalloproteinase and respective tissue inhibitors have detected significant changes in individuals with direct, indirect, and bilateral inguinal hernias [5]. As a whole, current literature data suggest common phenomena linking the pathogenesis of hernias, diverticula and gallbladder disorders, as well as cardiovascular diseases [1-5]. Therefore, it would be better to evaluate the possible occurrence of some other of the classical components of the ST in patients presenting with two or more primary hernias. Case studies and clinical images can contribute to enhance the suspicion index of health care workers about the triad, or tetrad if considering some cardiovascular changes too [2].

REFERENCES