



2040 Babcock Rd., Suite 301
San Antonio, TX 78229

Phone (210) 692-0358
Fax (210) 692-0359

Hernias in Children

Although most people do not associate hernias with health problems in childhood, they are fairly common. In fact, hernia repair is one of the most common surgeries performed on children. There are different types of hernias, each of which require different levels of care. It is important to learn the signs and symptoms of the different hernias in order to get the appropriate care for your child.

Inguinal Hernias

In infants, inguinal hernias occur when part of the intestine protrudes into the groin through a weakness in the abdominal wall. Before birth, the peritoneum (a large balloon-like sac that surrounds all the organs within the abdomen) has two fingerlike projections through the muscle walls which, in boys, lead into the scrotum alongside the testicles and, in girls, lead into the labia. Normally these projections separate from the rest of the peritoneum before birth. When they do not close properly, a small portion of the bowel may be pushed into the groin or scrotum, producing a hernia.

The hernia is apparent as a bulge in the groin area, especially when the child cries, coughs, strains, or stands. Crying does not cause the hernia; it only makes the weakness obvious. When the newborn relaxes, the hernia may get smaller or even temporarily disappear. Parents can normally press the hernia back through the abdominal wall by applying firm pressure to the protrusion, while elevating the child's hips.

Of the children who have inguinal hernias, 90 percent are boys. They also occur more often in children with cystic fibrosis, undescended testicles, a urethra that opens on an unusual part of the penis, premature infants, or children with a family history of hernias.

The treatment of inguinal hernias is elective surgery. During surgery, the herniated tissue is put back into its proper space and the opening or weakness that permitted the hernia to form is closed or repaired. This procedure is usually performed as an outpatient basis, allowing the baby to return home frequently on the same day. While surgery is not usually a medical emergency, the operation should be performed when possible to prevent the protruding intestine from becoming stuck in the hernia sac. This could cut off the blood supply to parts of the intestine causing tissue damage and gangrene. When this happens, the child becomes fretful, may begin vomiting, and appears ill, requiring immediate surgical attention.

Umbilical Hernias

Another common hernia found in children is an umbilical hernia. It is characterized by a painless swelling of the navel (belly button). It is most obvious when the baby cries, coughs, or strains. Umbilical hernias are seen more often in female, African-American, premature, and low birth weight babies.

During intrauterine life, the abdominal wall is open beneath the navel. As the fetus matures, this opening is closed by the merging together of the abdominal muscles. In some infants, these muscles fail to completely meet and a small opening remains. Although usually the size of a fingertip, these hernias range in size from less than ½ inch to more than 2 inches. The way the baby's umbilical cord was tied or how it was handled after birth did not cause the hernia. Furthermore, the presence of an umbilical hernia does not make a child more likely to have a hernia elsewhere in their body.

Most umbilical hernias close spontaneously in most infants by 1 year of age and are gone in 90 percent of children by age 5. Surgery is necessary only if the hernia is very large, grows in size after age 1 or 2, fails to heal by age 4 or 5, or your child develops symptoms of obstruction or strangulation, such as swelling, bulging, vomiting, fever, and pain.

In the past, some parents applied tape across the navel or attached a coin over the hernia to flatten the sack. This treatment did little for the hernia and occasionally caused an allergic rash to the coin or tape. Since the hernia usually protrudes only when the baby cries, many parents conclude that the condition is hurting the child; but this is not true. The best advice for parents whose infant has an umbilical hernia is to be patient and treat the baby as if a hernia did not exist. Remember, the condition is not painful and almost invariably disappears on its own.

Related conditions (look like hernias, but are not)

- Hydrocele – Similar to a hernia, except that fluid is the reason for the bulge, rather than protruding tissue. Many will go away by the second birthday and most will not require surgical intervention.
- Retracted testicle – A testicle that retracts from the scrotum occasionally can cause a bulge in the groin area.
- Femoral hernia – This is rare in children, but can be confused as an inguinal hernia. It appears as a bulge at the top of the thigh, just below the groin and consists of tissue that has pushed in alongside the artery into the top of the thigh.

Sources:

“Could That Lump Be a Hernia?” accessed from www.kidshealth.org on 9/15/2005

“Inguinal Hernia” accessed from www.medem.com on 3/20/2008