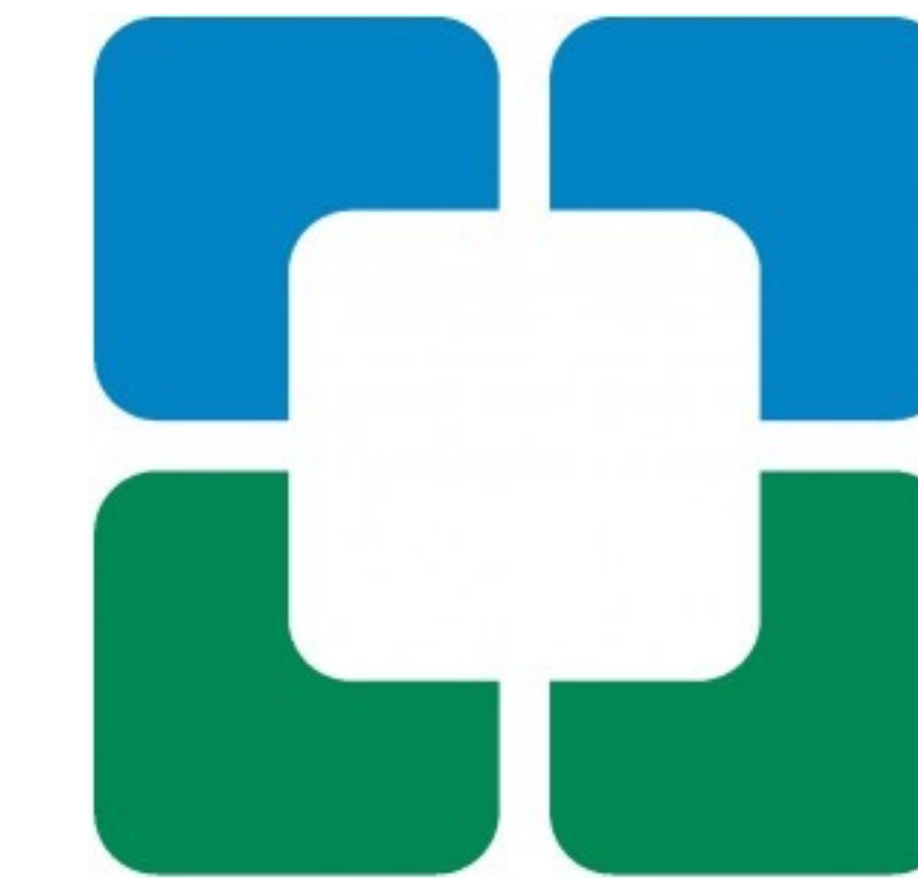




Flood Syndrome: A Herniating Complication of Liver Cirrhosis

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INTRODUCTION

- Flood syndrome is a rare complication of patients with end-stage liver cirrhosis characterized by a coinciding ventral hernia, with spontaneous umbilical hernia rupture and extrusion of ascitic fluid through the defect.
- We present a unique case of Flood syndrome in a patient with decompensated cirrhosis and umbilical hernia.

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DISCUSSION

- An increase in intraabdominal pressure from worsening ascites leads to the hernia rupture and leakage of peritoneal fluid through the weakened abdominal wall at the site of the herniation.
- Treatment for flood syndrome is complex and multifactorial, due to its rarity, there is no consensus on therapeutic guidelines.
- Impending rupture can be predicted by skin color changes, excoriation, ulcers, or necrosis over the umbilical hernia, which often requires aggressive intervention.
- Alternative options of TIPS, elective herniorrhaphy, portal venous decompression, and peritoneovenous shunts when conservative methods of diuretics and paracentesis fail.



Fig: A large umbilical hernia (4 cm x 2 cm) with overlying erythema and excoriation draining ascitic fluid.

CASE DESCRIPTION

- A 51-year-old Caucasian male .
- Past medical history of an alcohol use disorder, end-stage cirrhosis [Model for End-Stage Liver Disease (MELD) score of 27], portal hypertensive gastropathy, and esophageal varices.
- Physical exam was significant for the stigmata of liver disease with visible scleral icterus, jaundiced skin, spider angiomas, and distended abdomen.
- Compressible umbilical hernia (4 cm x 2 cm) with draining straw-colored serous fluid (Fig.)
- The patient was placed on fluid restriction, and a drainage bag was placed over the draining umbilicus.
- Patient drained 4 L of fluid was drained over the first two days, followed by 1 L daily.
- Fluid analysis and clinical symptoms both showed no signs of SBP
- Due to the high MELD score, a TIPS was initially not recommended.
- After a multidisciplinary discussion, an orthotopic liver transplant evaluation was planned while focusing on stabilizing renal function and decompensated liver failure in the hospital.