

Introduction & aim of the essay

Hernia is an ancient as man himself. No age, sex, rank, or condition of life, is exempted from it; the rich, the poor, the lazy, and the laborious, are equally liable to it; it produces certain inconvenience to all who are affected by it, it sometimes put the life of the patient in such hazard, as to require one of the most delicate operations in Surgery (**Pilling, 1989**).

Umbilical hernia is a protrusion through a defective umbilical ring occurring in infants, children or adults, the abdominal wall is otherwise well developed and the protruding mass is covered with relatively normal skin (**Ponka, 1980**).

Only 10% of adults with umbilical hernia have a clear history of congenital umbilical hernia but these figures are of questionable accuracy, so umbilical hernia in adult are generally acquired lesion (**Jakson and Moglen, 1970**).

By examination, the umbilical hernia form rounded painless, knobby lobulated swelling, the stretched umbilical scar usually can be seen over it and the skin is often thin and red. (**Phillip, and Mitchiner, 1948**).

It is conceivable that in many individuals, a relative weakness occurs at the umbilical rings. When intra-abdominal pressure rises as in cases of extreme obesity or numerous pregnancies, a protrusion appears at the thin and poorly supported part of the umbilical ring usually above or below the umbilical cicatrix, that is to say para-umbilical hernia or adult umbilical hernia (**Ponka, 1980**).

The ideal method is to expose the normal structures and then reconstruct the abdominal wall as accurately as possible by stitching its individual layers together (**Rintoul, 1980**).

The use of fascia lata grafts in repair of hernia was described by Burton 1959 (Smith 1971).

When there is a huge defect and local tissue not be adequate for primary repair, the use of tensor fascia lata myocutaneous flaps may be one of the best solutions (Caffee, 1989).

The use of sheets of non-absorbable synthetic mesh prosthesis placed across the defect and stitched to the abdominal wall revolutionized the repair of abdominal wall defects. (William & Charles, 1993).

The objective of this review is to shed some light on the recent trends in the repair of umbilical hernia with special concern on Hernioplasty.