

Clinical Image

Flood Syndrome: Spontaneous Rupture of Umbilical Hernia with Leakage of Ascitic Fluid

Farzana Akter Shifa¹, Mohammad Zakaria Al-Aziz², Muhammad Faizur Rahman³, Md. Asif Hossain⁴, Md Atik Shahryar⁵

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A 43-year-old man with disseminated tuberculosis and hepatitis B-related decompensated liver cirrhosis complicated by portal hypertension, esophageal varices, splenomegaly, and massive ascites was admitted with a seven-day history of progressive shortness of breath and sudden copious leakage of ascitic fluid following spontaneous rupture of an umbilical hernia.

On examination, he was hypotensive (BP 90/60 mmHg), mildly anemic, moderately icteric, had clubbing with bilateral pedal oedema. Abdomen was non-tender and distended with tense ascites. A large non-tender, non-reducible umbilical

hernia (figure 1) was present with overlying skin being blackish and necrosed, accompanied by continuous leakage of ascitic fluid (figure 2).

We diagnosed this case as Flood syndrome, a rare complication of decompensated cirrhosis, characterized by spontaneous rupture of an umbilical hernia with external drainage of ascitic fluid. After hemodynamic stabilization, urgent surgical repair was done. Excision of umbilicus and anatomical repair was performed under subarachnoid block. His immediate post-operative condition improved, however, his clinical condition further deteriorated despite supportive management and he died a few days after discharge.



Figure 1. Necrosed Umbilical Hernia



Figure 2: Spontaneous leakage of ascitic fluid

1. Indoor Medical Officer, Department of Medicine, Dhaka Medical College Hospital, Dhaka
2. Professor, Department of Medicine, Dhaka Medical College Hospital, Dhaka
3. Associate Professor, Department of Medicine, Dhaka Medical College Hospital, Dhaka
4. Junior Consultant, Department of Medicine, Dhaka Medical College Hospital, Dhaka
5. Assistant Registrar, Department of Medicine, Dhaka Medical College Hospital, Dhaka

Corresponding author: Dr. Farzana Akter Shifa, Indoor Medical Officer, Department of Medicine, Dhaka Medical College Hospital, Dhaka. Email: shifa1922@gmail.com ORCID ID: 0009-0003-0746-6495