

An Unorthodox Attempt at Treating Inguinal Hernia: A Case Report

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Abstract: *This is a case of an unorthodox attempt at treating an inguinal hernia with a hot metal by a traditional healer associated with development of multiple hypertrophic scars with no resolution of symptom as a result. Hernia repair with local anaesthesia was ultimately done in the hospital. Inguinal hernia repair is the most common surgery in elective general surgery practice. This report highlights the problem of unorthodox practice of hernia repair in this modern era and calls for more campaign against such.*

Keywords: Unorthodox, Inguinal, Hernia.

1. Introduction

A hernia is a protrusion of a viscus or part of it through a wall in its containing cavity [1]. Inguinal or indirect hernia is the commonest form seen in the young, while direct is more common in the older patient, 65% of inguinal hernias are indirect while 55% occur in the right side [1]. Inguino-scrotal swellings can present with or without pains. Surgery is the main stay of treatment with minimal access surgery gaining popularity in some parts of the world [2]. However, some cultures do still offer traditional treatment in an attempt at intervention in our developing country. We report a case of a boy who presented to hospital after repeated failed attempt at treating inguinal hernia with hot metal stabs resulting in lifelong scars which outweigh any surgical incision scar following a hernia repair. A lesson for awareness campaign and early patronage to health facilities in developing countries.

2. Case Report:

A 25 year old male, rears cattle, presented to a (non profit) hospital with a 4years history of recurrent right inguino scrotal swelling, which became increasing in size. Swelling reduces when patient lie supine with no associated abdominal pain or other gastrointestinal or respiratory symptom. No history of lifting weights. Pulse rate was 70 pulses per minute.

Patient had past history of traditional instrumentation by application a hot metal on the skin of the anterior abdomen wall with no pain reliever. Examination revealed multiple healed anterior abdominal scars, and a reducible right inguinoscrotal hernia [Fig1 and 2]. Investigation revealed a

PCV and urinalysis which were normal. No chest X ray was done as patient had no symptom at presentation.

Patient had right herniorrhaphy by nylon Danning technique under local anaesthesia. Had Tabs Ibuprofen 400mg Tid and Tabs Ciproxin 500mg Bid for 3 days post operatively. Recovery was uneventful. Stitches were removed on the 7th day post operation. Follow up visit was done at 6 weeks with minimal scar and no complication.

3. Discussion

Inguinal hernias are commoner in the young than adult. It can be unilateral or bilateral which occurs in 12% of cases [1]; simple or complicated; obstructed or strangulated. Symptoms may start insidiously with protrusion to the groin which initially may be reducible but can be irreducible. Our patient symptom was that of a reducible right inguinoscrotal hernia which was confirmed by examination. Some of our local cultures believe that whatever descends to the scrotum must be a worrying problem from the abdomen and as such targets it for intervention. Investigation for precipitating factors for his hernia was limited to clinical evaluation in view of no obvious symptom and sign on review.

Various modalities for herniorrhaphy exist and our choice was for open repair using the nylon danning technique, other modalities include lichtenstein, Shouldice and Bassini repair. Generally, overall recurrence rate is 10-20% [3]. However were facilities and expertise are available, laparoscopic repairs tends to gain popularity with advantages of less post operative pains, less chronic groin pain and a lower recurrence rate[3]. The use of local anaesthesia for repair has the advantage of being cheap, done as a day case and also permits the repair to be tested by asking the patient to cough

[4]. Our concern for wound care in the patient domicile lead to our choice of administering antibiotics.

Traditionally many unorthodox treatments have been employed in the past but cultural believes and financial constraint still makes the traditional treatment an option for some communities in a developing country like ours.

4. Conclusion

Delay in seeking orthodox treatment, had earned our patient an unsightly scars on the skin over the anterior abdominal wall. The patient had a cheap hernia repair under local anaesthesia with a negligible post operative scar. The unorthodox hot metal scar can never be as cheap as the operation and additionally carries a lifelong psychological reminder of the event to the patient.

The future scope of this article is the need to abandon unorthodox practices in the modern era of successful orthodox practice by way of advocacy.



Figure 2



Figure 1

Reference

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