

Irreducible Femoral Hernia in a Male - A Rare Case Report

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Abstract: Femoral hernia is the third most common type of primary hernias. It accounts for about 20 percent of hernias in women and 5 percent in men. It clinically may mimic inguinal hernia especially when it escapes through saphenous opening into loose areolar tissue, it assumes shape of retort and its bulbous extremity may be above the inguinal ligament. We report a case of irreducible femoral hernia in a male diagnosed intraoperatively.

Keywords: Femoral Hernia, Irreducible

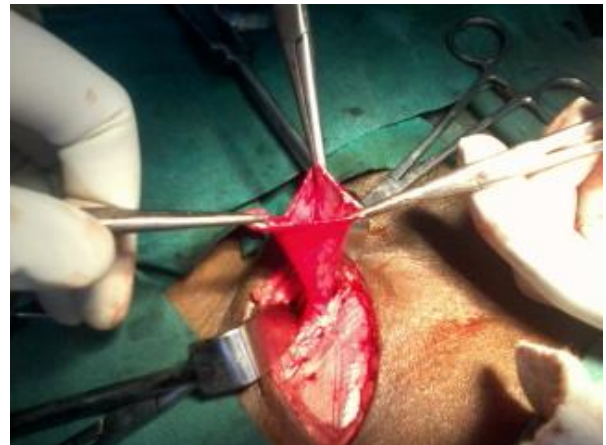
1. Introduction

A femoral hernia is protrusion of peritoneal contents through the femoral canal which is the medial most compartment of femoral sheath. Ratio of occurrence in male: female is 4:1, which shows females are commonly affected. When it occurs in male it is usually between 30 and 45 years of age. Strangulation is more common because of its inelastic walls, irregular pathway and narrow lumen. Most of the time it is unnoticed till the time it produces dragging pain or features of strangulation. Here we report a case of irreducible femoral hernia in a male.

2. Case Report

A 45 year old male was admitted with complaints of swelling in left inguinal region for the past 3 months and pain for the past 3 days. No history of pain abdomen, vomiting. Bowel habits were normal. On examination patient's general condition was normal. Abdomen was soft, non-tender, no distension, no free fluid. Bowel sounds heard normally. On examining the left inguinal region, a 3x2 cms swelling seen which was not tense, not tender, irreducible, impulse on coughing absent. External genitalia appeared normal. Assuming it as irreducible left inguinal hernia, he was prepared and taken up for immediate surgery. By inguinal incision, exploration done which showed irreducible omentocoele in femoral canal. Greater omentum retrieved from the canal appeared viable. Hence defect was repaired by approximating inguinal ligament to pectineal ligament using nonabsorbable sutures. Post operative period was uneventful. Patient was discharged in good general condition and he is being followed up regularly in outpatient department.

Figure 1&2 shows sac in femoral canal.



3. Discussion

Of all groin hernias, femoral hernias account for around 2.8% (1) According to most acceptable theory, the primary cause for formation of femoral hernia is a congenitally narrow posterior inguinal wall attachment on to Cooper's ligament with a resultant enlarged femoral ring, while the secondary etiology is a state of prolonged and increased intra abdominal pressure, which forces preperitoneal fat into the congenitally large femoral ring(1). Femoral hernias typically present as painless/painful groin lump, although may present simply as groin pain or with features of complications like obstruction.

The differential diagnosis include inguinal hernia, lipoma, saphena varix, enlarged lymph nodes, femoral artery

aneurysm, obturator hernia, psoas abscess, psoas bursa and in males ectopic testis(2).

The pre operative diagnosis of femoral hernia is a challenging issue. Now a days, Point Of Care Ultrasound (POCUS) is a valuable tool, in the initial assessment of irreducible hernia cases, where ultrasound is available. Approximately 60% of femoral hernia are found on the right, 30% on the left and 10% bilaterally (3).

Three surgical approaches have been described for open surgery, Lockwood's infra inguinal approach, Lotheissen's trans inguinal approach and McEvedy's high approach. Our case was approached through Lotheissen's trans inguinal method. Laparoscopic management of femoral hernias being Total Extra Peritoneal (TEP) or Trans Abdominal Pre Peritoneal (TAPP) repairs have also been done(4).

This report re emphasizes the importance of examination of all hernial orifices, since pre operative diagnosis is often missed in a femoral hernia. Since chances of strangulation are more, it should be repaired immediately once diagnosed. Though the incidence of femoral hernia is less in male, it should be in the mind as the second differential diagnosis of inguinal swelling next to inguinal hernia.

4. Compliance with Ethical Standards

Ethical approval: All procedures performed in studies involving human participants were in accordance to ethical standards

Informed consent: Informed consent was obtained from the patient reported in the study.

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