

Case Report

Incarcerated femoral hernia in male: a rare case report

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ABSTRACT

A femoral hernia is a rare, acquired condition, which has been reported in less than 5% of all abdominal wall hernias, with a female to male ratio of 4:1 and incidence increases with age. Diagnosing the nature of a lump in the groin is often difficult, especially in obese patients. Rarely, a strangulated femoral hernia can present atypically without abdominal or inguinal pain which can lead to delay in diagnosis of this dangerous condition. There are only few cases reported in the literature in which specific diagnosis of incarcerated femoral hernia in males were made clinically. We are reporting a rare case of incarcerated femoral hernia in a male who has been operated earlier for inguinal hernia on the same side with relevant review of literature.

Keywords: Femoral hernia, Incarcerated, Male

INTRODUCTION

A femoral hernia is the protrusion of a peritoneal sac which may contain fat, omentum or small bowel through the femoral ring into the femoral canal, posterior and inferior to the inguinal ligament. As femoral hernias are typically small they can be missed on elective examination for groin swelling and sometimes can be mistaken for inguinal hernia due to difficulty in clinically distinguishing groin hernias. Although femoral hernias are less common than inguinal hernia, they are associated with higher rate of complication in the form of strangulation or incarceration thus increasing the morbidity and mortality.

Due to greater prevalence of femoral hernia in females, whenever obstructed groin hernia is present in females, femoral hernia is the very important differential diagnosis and in males also this differential should be kept in mind as was the case with our patient and this can avoid the delay in time for surgery thus improving the prognosis of patient.

CASE REPORT

A 57 year old male was admitted with complaints of generalized abdominal pain, bilious vomiting & constipation for 7 days. He had history of right inguinal mesh hernioplasty 4 years back. On examination, he was dehydrated & had tachycardia. Abdomen was soft, non-tender & bowel sounds were exaggerated. An irreducible firm mass was felt at right groin region & cough impulse was absent. Examination of external genitalia was normal. A diagnosis of recurrent and obstructed right inguinal hernia was made & he was taken up for emergency exploration of the inguinal region. Intraoperatively patient was found to have incarcerated femoral hernia (Figure 1) with bowel loop as content (Figure 2). Bowel viability was checked and defect was repaired by approximating inguinal ligament to pectineal ligament using non-absorbable sutures. Postoperatively patient had uneventful recovery. Patient was discharged in satisfactory condition and is being regularly followed up in the out-patient department.

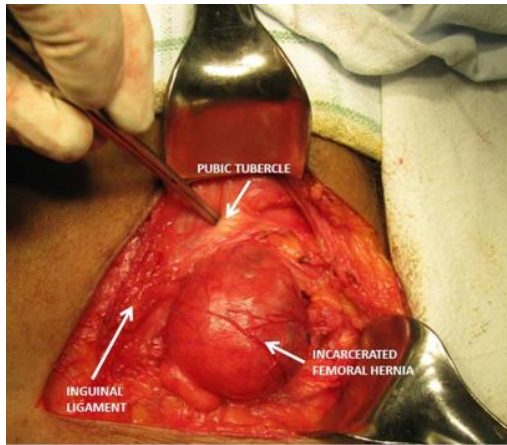


Figure 1: Intraoperative: incarcerated femoral hernia.



Figure 2: Intraoperative: incarcerated femoral hernia with bowel loop as content.

DISCUSSION

A hernia is a protrusion of any viscous from its proper cavity contained in a sac like structure formed by the membrane with which the cavity is naturally lined. Most common hernia in both males and females is inguinal hernia. Femoral hernias are a relatively uncommon type, accounting for less than 5% of all hernias. Femoral hernias occur just below the inguinal ligament, when abdominal contents pass through a naturally occurring weakness called the femoral canal. While femoral hernias can occur in both males and females, they are more common in females because of the wider bone structure of the female pelvis. Femoral hernias are more common in multiparous females as compared to non-parous females. Approximately 60% of femoral hernias are found on the right, 30% on the left, and 10% bilaterally.¹ Femoral hernias are more common in adults than in children. Those that do occur in children are more likely to be associated with a connective tissue disorder or with conditions that increase intra-abdominal pressure.

Differential diagnosis of femoral hernia includes pseudohernia, femoral artery pseudoaneurysm, saphena varix, soft tissue masses, psoas abscess and enlarged right inguinal lymph node. Based on the current knowledge that complications of femoral hernia, which are incarceration, obstruction and strangulation, are more dangerous than the risks of surgery, it is now recommended that all femoral hernias should be repaired unless specific contraindications are present. The operative mortality, especially in the elderly, is increased at least nine fold to tenfold when intestinal obstruction occurs.² Three approaches have been described for open surgery: Lockwood's infra-inguinal approach, Lotheissen's trans-inguinal approach and McEvedy's high approach. The infra-inguinal approach is the chosen method for elective repair while McEvedy's approach is preferred in the emergency setting when strangulation is suspected as this approach allows better access for visualisation of bowel and possible resection if needed. Some authors recommended repair of a reducible femoral hernia by using the inguinal approach and of an irreducible femoral hernia by using the infra-inguinal approach.³ Laparoscopic management of femoral hernias using Total Extra Peritoneal (TEP) or Trans Abdominal Pre Peritoneal (TAPP) repairs have also been described in literature.⁴

This report re-emphasizes the importance of thorough examination of the hernial orifices in a patient of acute abdomen presenting with abdominal pain and vomiting and possibility of incarcerated femoral hernia should always be kept in mind in a case of tender swelling at the groin region even in case of males.

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