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Laparoscopic repair of an incarcerated femoral hernia

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ABSTRACT

INTRODUCTION: 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.
PRESENTATION OF CASE: We report a case in a female patient who had a previous open inguinal herniorrhaphy three years previously. She presented with right sided groin pain of one month duration. Ultrasound gave a differential diagnosis of a recurrent inguinal hernia or a femoral hernia. A transabdominal preperitoneal repair was performed and the patient made an uneventful recovery.
DISCUSSION: Laparoscopic repair of a femoral hernia is still in its infancy and even though the outcomes are superior to an open repair, open surgery remains the standard of care. The decision to perform a laparoscopic trans abdominal preperitoneal (TAPP) repair was facilitated by the patient having previous open hernia surgery. The learning curve for laparoscopic femoral hernia repair is steep and requires great commitment from the surgeon. Once the learning curve has been breached this is a feasible method of surgical repair. This is demonstrated by the fact that this case report is from a rural hospital in Canada.
CONCLUSION: Laparoscopic femoral hernia repair involves more time and specialized laparoscopic skills. The advantages are a lower recurrence rate and lower incidence of inguinodynia.

1. Introduction

A femoral hernia while a rare occurrence can be problematic as they often present with symptoms of incarceration or strangulation. It is more common in females and the type of repair can be controversial. While open surgery remains the standard of care, laparoscopic surgery has lower recurrence rates and post operative pain (Fig. 1). This type of repair however has a steep learning curve and still presents a challenge for surgeons.

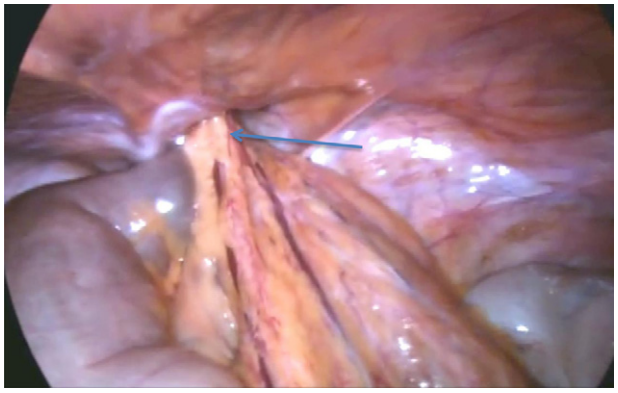

Fig. 1. Incarcerated omental contents in the femoral hernia (blue arrow).

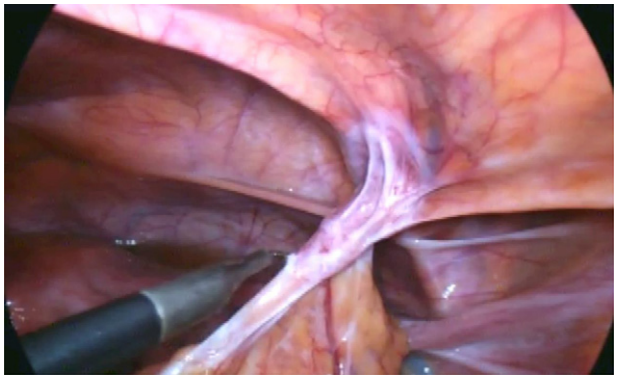

Fig. 2. Release of the omentum from the hernial defect.

2. Case report

A 45 year old female presented with right groin pain of one month duration. There was no history of trauma. Past history: Open right inguinal herniorrhaphy three years previously Clinical exam revealed a swelling in the right groin below the inguinal ligament (Fig. 2). The swelling could not be completely reduced. There was no erythema or fluctuance around the swelling. The rest of the abdom-

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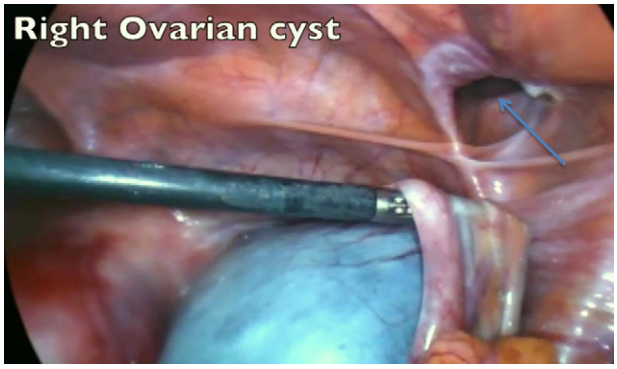

Fig. 3. Incidental ovarian cyst and hernial defect (blue arrow).

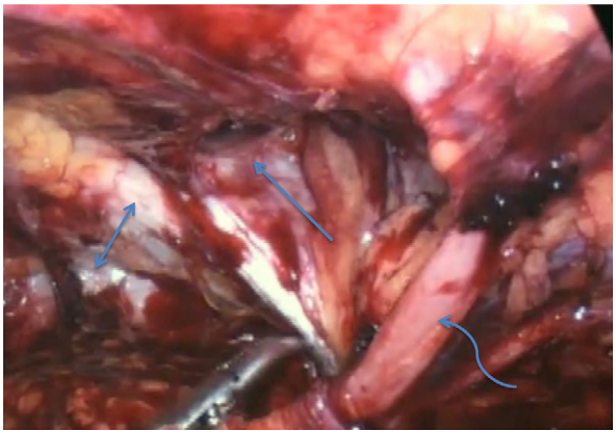

Fig. 4. Femoral canal (blue arrow), pubic bone (double arrow) and broad ligament (curved arrow) after peritoneal flap creation.

inal examination was uneventful. The patient was well systemically (Fig. 3). Ultrasound of the pelvis showed a recurrent inguinal hernia or a differential diagnosis of a femoral hernia on the right side (Fig. 4). The patient was operated upon laparoscopically as she had

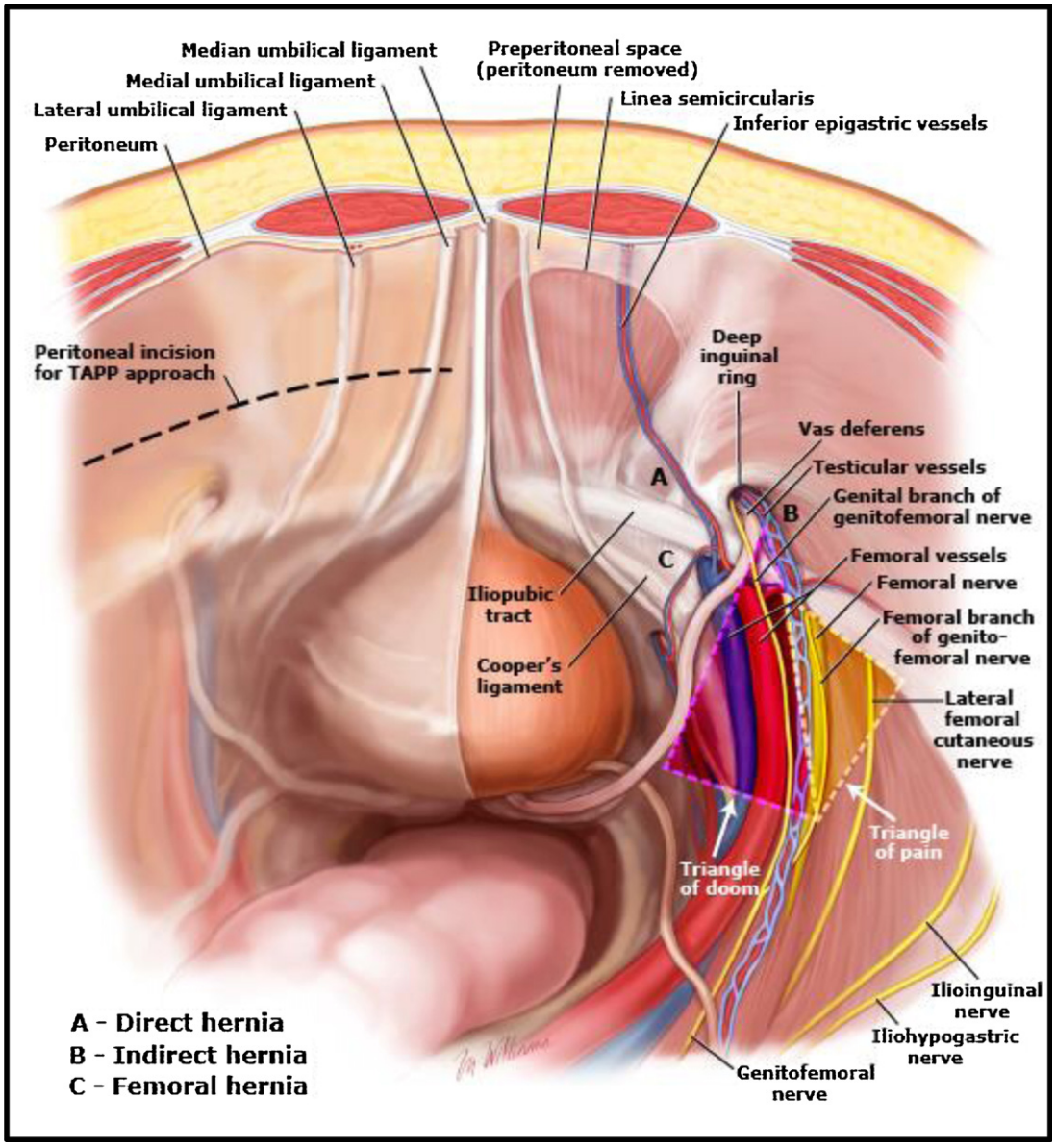

Fig. 5. Diagrammatic representation of the relevant anatomy [6].