



Contents lists available at ScienceDirect

International Journal of Surgery Case Reports

journal homepage: www.casereports.com

Giant inguinal hernia: Report of a case and reviews of surgical techniques



Atthaphorn Trakarnsagna, Vitoon Chinswangwatanakul, Asada Methasate, Jirawat Swangsri, Chainarong Phalanusitthepha, Thammawat Parakonthon, Voraboot Taweerutchana, Thawatchai Akaraviputh*

Minimally Invasive Surgery Unit, Division of General Surgery, Department of Surgery, Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok 10700, Thailand

ARTICLE INFO

Article history:

Received 2 June 2014

Accepted 12 October 2014

Available online 18 October 2014

Keywords:

Giant inguinal hernia
Treatment
Hernioplasty

ABSTRACT

INTRODUCTION: Inguinal hernia is one of the most surgical common diseases. Giant inguinal hernia is more unusual and significantly challenging in terms of surgical management. It is defined as an inguinal hernia that extends below the midpoint of inner thigh when the patient is in standing position.

PRESENTATION OF CASE: A 67-year-old male presented with giant right-side inguinal hernia with symptoms of partial colonic obstruction and significant weight loss. Barium enema revealed ascending colon, cecum and ileum contained in hernia sac without significant lesions of large bowel. He underwent hernia repair with omentectomy. Hernioplasty with polypropylene mesh was performed without any complications. He recovered uneventfully.

DISCUSSION: There were several repair techniques suggested by published articles such as resection of the content and increased intraabdominal volume procedure. Many key factors for management of the giant inguinal hernia were discussed. A new classification of the giant inguinal hernia was described.

CONCLUSION: Surgical repair for the giant inguinal hernia is challenging and correlated with significant morbidity and mortality due to increased intra-abdominal pressure.

© 2014 The Authors. Published by Elsevier Ltd. on behalf of Surgical Associates Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/3.0/>).

1. Introduction

Inguinal hernia is one of the most surgical common diseases in clinical practice. The history of inguinal hernia repair originated in the ancient times¹ and the treatment has evolved, developed and changed since. The most recent one is the concept of tension-free repair which remains popular among surgeons today. It is interesting to note, though, that numerous literatures have been published on this disease in the small anatomical space despite its simplicity. In the past couple of years, most publications focused on laparoscopic surgery and the different types of prosthetic mesh.

Giant inguinal hernia, however, is more unusual and significantly challenging in terms of surgical management. It is defined as an inguinal hernia that extends below the midpoint of inner thigh when the patient is in standing position.² No treatment has been adopted as standard procedure for this uncommon disease and several repair techniques are suggested by published articles and case reports. Further, the absence of large scale comparative study is expected to continue due to the relatively low number of cases.

As a result, choosing a surgical procedure is made difficult and the decision must be made intraoperatively.

This article is an examination of a very rare case of giant right inguinal hernia containing right side of colon and greater omentum. This was corrected by simple hernioplasty and omentectomy. Various surgical techniques reported in previous publications are discussed below as well.

2. Presentation of case

A 67-year-old healthy male has been affected by long-standing, gradually enlarging of right-side inguinal hernia for the past 30 years. His symptom of abdominal discomfort after meal has worsened over time and he had lost 30 kg of weight in the past year. Physical examination revealed cachexia and large irreducible right-side inguinal hernia extending to the level of lower thigh (Fig. 1). Barium enema demonstrated ascending colon, cecum and ileum contained in hernia sac without any lesion of the large bowel (Fig. 2).

For the operation, after general anesthesia was administered, standard transverse incision at right inguinal area was performed. Hernia sac was dissected and separated from spermatic cord (Fig. 3A). After the hernia sac was opened, terminal ileum, cecum,

* Corresponding author. Tel.: +66 2419 8006; fax: +66 2412 1370.
E-mail address: thawatchai.aka@mahidol.ac.th (T. Akaraviputh).



Fig. 1. The hernia sac extended to level of lower thigh. The patient was on supine position.

ascending colon and omentum were found inside the hernia sac (Fig. 3B). An attempt was made at manual reduction but it was unsuccessful due to the massive size of the contents. At this point, lateral extension of internal ring was performed, followed by partial omentectomy. Manual reduction was then reattempted and on this occasion it was possible to reduce the contents into the abdominal cavity. Intra-abdominal pressure was measured and confirmed by intravesicular technique. Internal ring was repaired with interrupted Prolene #2/0. Lichtenstein's tension-free technique was performed with polypropylene mesh. Hemostasis was checked and vacuum drain was placed due to the extent of raw surface. Patient was extubated and transferred to recovery room in stable condition.

He recovered uneventfully and the drain was removed before he was discharged on the seventh postoperative day. The patient was able to eat and has gradually regained weight. Small postoperative



Fig. 2. Barium enema revealed ascending colon, cecum and ileum containing in the hernia sac without significant lesions of the large bowel.

scrotal hematoma was treated non-operatively and resolved within few weeks. No evidence of recurrent inguinal hernia has been detected at 4 years after the operation.

3. Discussion

3.1. Key factors in the management of giant inguinal hernia

1. Preoperative colonic evaluation should be considered although the correlation between colon cancer and inguinal hernia is

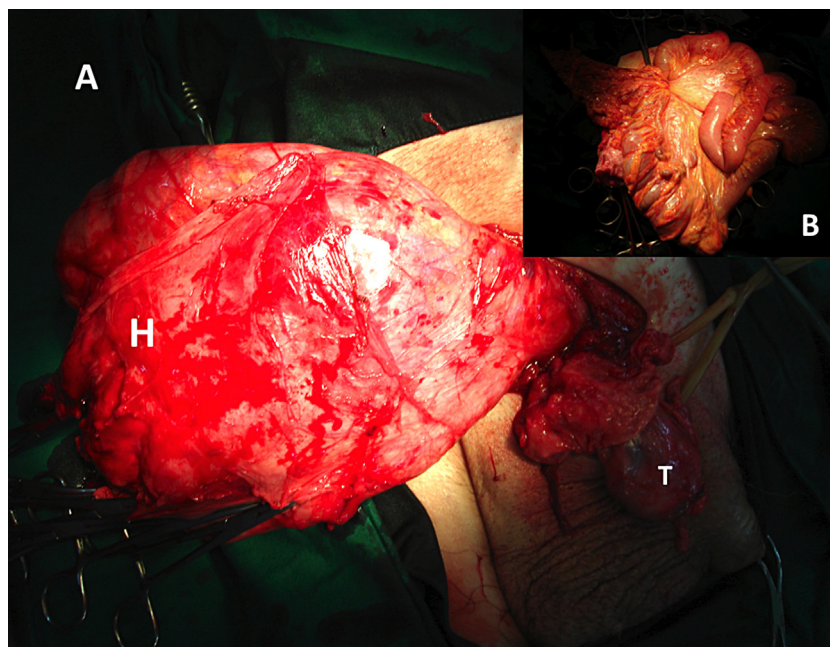


Fig. 3. Intraoperative findings: the huge hernia sac (H) was separated from right testis (T) (A). Terminal ileum, cecum, ascending colon and omentum were found as the contents of the hernia sac (B).

Download English Version:

<https://daneshyari.com/en/article/4289554>

Download Persian Version:

<https://daneshyari.com/article/4289554>

[Daneshyari.com](https://daneshyari.com)