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ORIGINAL ARTICLE

High incidence of recess formation at myopectineal orifice during laparoscopic surgery

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KEYWORDS

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Summary *Background:* Groin hernias are frequently seen in clinical practice. The purpose of this study was to determine the rate of patients who might have latent groin hernia.

Methods: During laparoscopic abdominal surgery, we observed the area around the groin lesion and attempted to evaluate the degree of recess at myopectineal orifice. The classification defining the recess was as follows: Grade 0: no recess, Grade I: slight recess with a visible bottom, Grade II: deep recess with an invisible bottom, Grade III: other organ invaginated into the recess, and Grade IV: confirmed bulging on the body surface.

Results: From 2009 to 2011, 46 patients were enrolled. A recess around myopectineal orifice were detected in 20 patients. The lesions were as follows: 11 on the lateral side of the inferior epigastric artery (IEA), five on the internal side of the IEA, three at both sites and one found at the femoral ring. According to the grade classification of these groin hernias, 26 (57%) were Grade 0, 14 (30%) Grade I, 4 (9%) Grade II, 1 (2%) Grade III, and 1 (2%) Grade IV.

Conclusions: This study showed that rate of patients with asymptomatic latent groin hernias is relatively high in Japanese.

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1. Introduction

Groin hernias are frequently seen in clinical practice.¹ It is believed that many patients have asymptomatic latent groin hernias, however, the prevalence rate is unknown. For several years, a groin hernia was described to be a "clinical diagnosis" with no need for a routine radiological assessment. However, we recently, observed that laparoscopic exploration reveals latent groin hernia recess that were not detected on the preoperative physical examination.²

To evaluate this phenomenon, we conducted an observational study to investigate the rate of latent groin hernias during laparoscopic surgery for other abdominal sites in the Japanese population.

2. Methods

We studied 46 patients who underwent laparoscopic abdominal surgery other than for a groin hernia between February 2009 and July 2011 at the Department of Surgery, Nagasaki University Graduate School of Biomedical Sciences.

Except for one patient, 45 patients had not complained of groin pain or groin swelling. A preoperative computed tomography (CT) scan was performed for all cases, and 1 patient was found to have a right inguinal hernia.

During laparoscopic abdominal surgery for sites other than a groin hernia, we observed the area around the groin lesion from the intra-abdominal space laparoscopically. All patients were observed via a 5-mm 30° or a 10-mm 30°

scope through the port located at the umbilicus with 10 mmHg of pneumoperitoneum.

We attempted to evaluate the degree of recess at the groin lesion. The classification system used to define the recess at myopectineal orifice was as follows: Grade 0: no recess, Grade I: slight recess with a visible bottom, Grade II: deep recess with an invisible bottom, Grade III: other organ invaginated into the recess, and Grade IV: confirmed bulging on the body surface (Figs. 1–2).

3. Results

There were 19 males (median age: 73 years, 50–88) and 27 females (median age: 70.5 years, 24–93).

The causative disease for undergoing laparoscopic abdominal surgery varied among the patients. There were 29 cases with colon cancer, three cases with small intestine tumor, three cases with intra-abdominal tumor, two cases with malignant lymphoma, two cases with small bowel obstruction, in addition to other causes (Table 1).

The recess around myopectineal orifice were detected in 20 patients (43.5%). The lesions were as follows: 11 (55%) on the lateral side of the inferior epigastric artery (IEA), five (25%) on the medial side of the IEA, three (15%) at both sites and one (5%) was found at the femoral ring (Table 2). According to the grade classification of these inguinal recess, 26 (57%) were Grade 0, 14 (30%) were Grade I, four (9%) were Grade II, one (2%) was Grade III and one (2%) was Grade IV (Table 3).

The patient diagnosed with Grade IV recess was aware of his inguinal bulging prior to the surgery and the inguinal

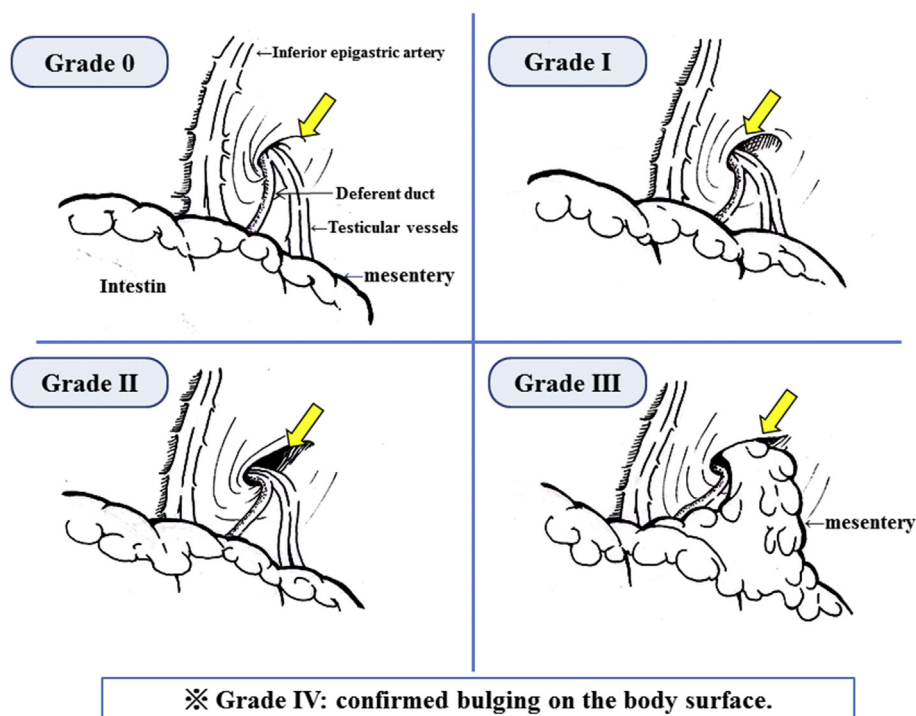


Figure 1 Classification of the recessus at Hesselbach's triangle. The following classification defined the recessus at Hesselbach's triangle: Grade 0: no recessus, Grade I: slight recessus with a visible bottom, Grade II: deep recessus with an invisible bottom, Grade III: other organ invaginated into the recessus, and Grade IV: confirmed bulging on the body surface.

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