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Available online at: http://www.iajps.com *A Case Report*

MASSIVE INGUINAL HERNIA- A RARE PRESENTATION OF COMMON DISEASE

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Abstract:

An inguinoscrotal hernia refers to a condition in which the fat or intestinal tissue push through the abdominal weakness of inguinal canal of either side. [1] We reported a case of 60-year-old man with right scrotal swelling reaching to the level of knees. Ultrasound abdomen confirmed the presence of all intestines in the scrotum.

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INTRODUCTION:

Inguinal hernia present as a swelling on the affected side of pubic bone with or without pain in groin with associated increment in the swelling upon coughing or weight bearing. Sometimes it is reducible by lying or with hand other times it's irreducible. [2] This condition occurs oftenly in males than in females with a mortality rate of 27% in men and 3% in women. [3]

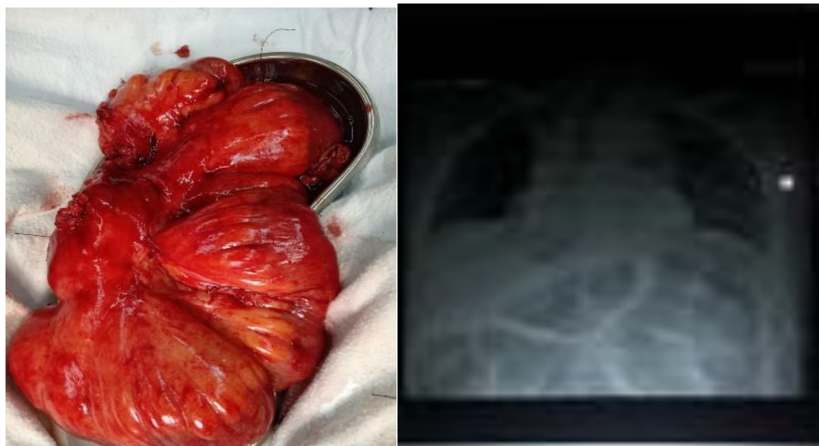
According to Royal College of Surgeons it is classified as:

- **Direct inguinal hernia** (20%) occurs via superficial inguinal ring due to abdominal wall laxity as seen in elder individuals.
- **Indirect inguinal hernia** (80%) occurs via deep inguinal ring due to incomplete closure of processes vaginalis as seen in young individuals. [4]

CASE REPORT:

60-year-old male non-smoker, with no known co-morbids admitted via OPD with complains of gradual painful swelling of scrotum for last 6-7 years not associated with fever, vomiting or weight loss. Scrotum was reaching to the knees and swelling could be reduced to a little extent only.

On abdominal examination, no gut loops were present in abdomen and no bowel sound was heard on auscultation of abdomen. Ultrasound abdomen and pelvis was done which revealed massive 50-60cm right inguino-scrotal hernia with massive right hydrocele and herniated bowel loops in hernia. Patient was operated on 25/10/2018. Intraoperatively, 3litres of pus was drained and gut loops were reduced back in the abdomen with 16cm gut resection, and 15 x 15 cm mesh was placed to close the inguinal weakness. The resected gut was sent for histopathology and pus sample was sent for culture and sensitivity.



Postoperatively patient was advised chest x-ray and blood CP, and was kept Nil per Oral for 72 hours. Blood CP showed Hb. of 6mg/dl so 3 unit of RCC were transfused after cross-matching.

DISCUSSION:

Inguinal canal is the route by which spermatic cord in males whereas round ligament of uterus in females pass through to support the respective reproductive organs. Spermatic cord has 3 contents that are spermatic duct, blood vessels and nerve. [5] Following are the risk factors for developing inguinal hernia: obesity, weight lifting, coughing which may be due to any cause like COPD, straining with urination and defecation, ascites, peritoneal dialysis and ventriculo-peritoneal shunt. In prolong cases, inguinal hernia may give rise to complications:

- Incarcerated hernia where the hernia is irreducible.
- Strangulated hernia which happens to be a further complication of incarceration as the irreducible hernia starts to become ischemic as a result of compromised blood supply.[6]

For the diagnosis of inguinal hernia, Ultrasonography and CT scan imaging are commonly used but are not considered definitive diagnostic procedures. MRI is the definitive diagnostic tool for inguinal hernia. [7][8]

Treatment option for all inguinal hernias is surgical. There are different surgical techniques which can be used:

- ❖ Tension free prosthetic/mesh repair
- o Anterior repair
  1. **Lichtenstein repair and its modifications**
  2. **Plug repairs**
  3. **Patch and plug repairs**
  4. **Double layer devices**
- o Posterior (pre-peritoneal) repairs
  1. Open techniques via inguinal incision
  2. Stoppa repair
  3. Laparoscopic/endoscopic repairs
  a. Trans-abdominal pre-peritoneal
  b. Total extra-peritoneal
- ❖ Tissue suture repair
  a. Bassini and Shouldice technique and its modifications
  b. Marcy repair [9] [10]

  Lichtenstein and laparoscopic techniques are common and preferable ones. [9] [10]

The mesh used for the Lichtenstein repair also known as meshplasty comes in different forms:

- o Synthetic mesh
  1. Heavy weight
  a. Polypropylene
  b. polyester
  2. Light weight
  i. Non-absorbable
  - Plain polypropylene
  - Coated polypropylene
  ii. Partially absorbable
  - Polypropylene + polyglactine
  - Polypropylene + polyglecaprone
- o Biological mesh [11-13]

Antibiotic prophylaxis is compulsory for any of the afore-mentioned procedures and there is an evidence of better outcomes with single intravenous dose of 1.5g ampicillin and sulbactum in combination. [14] [15]

CONCLUSION:

Inguinal hernia is a common disease and needs to be treated early. If left untreated it may give rise to complications and even if there is no evidence of incarceration or strangulation it may gradually become massive enough to warrant emergency attention and may require intestinal resection.

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