Available online at www.sciencedirect.com

SciVerse ScienceDirect

journal homepage: www.elsevier.com/locate/mjafi

Case Report

Sigmoid colon as a content of congenital inguinal hernia: A rare presentation

Maj Nishant Pathak^a, Col Vijay Langer^{b,*}, Brig S. Rajagopalan^c^a Assistant Professor, Department of Surgery, Armed Forces Medical College, Pune 411040, India^b Associate Professor, Department of Surgery and Plastic Surgery, Armed Forces Medical College, Pune 411040, India^c Professor and Head, Department of Surgery, Armed Forces Medical College, Pune 411040, India

ARTICLE INFO

Article history:

Received 17 April 2012

Accepted 29 June 2012

Available online 28 September 2012

Keywords:

Congenital inguinal hernia

Sigmoid colon

Content of hernia sac

Introduction

Congenital inguinal hernia is a rather common diagnosis in the pediatric population. The visceral content of this hernia is usually small bowel. Although other intra-abdominal organs have been reported as contents of the hernia sac, sigmoid colon as content has been reported in one patient only. We report such a case. To the best of knowledge of the authors, this report is only the second of its kind in world literature.

Case report

A 6-month-old male patient child born at term was brought by parents, with history of swelling in the left groin and scrotum since birth. There was no history of irreducibility of the

swelling or features of intestinal obstruction. However, the mother gave a history of chronic constipation. There was no history of associated hydrops, meconium peritonitis, chylous ascites or any connective tissue disorder. There was no hernia on the opposite side. There was no evidence of other abdominal wall defects, extrophy of bladder or cloaca, undescended testis, hypospadias, epispadias or liver disease leading to ascites. Clinically, he had a left-sided complete inguinal hernia (Fig. 1).

The patient was taken up for an early herniotomy. The sac was found to be wide and full with bowel. To avoid inadvertent injury to the bowel, the sac was opened. The content was identified as sigmoid colon by the haustrations and mesocolon and was delivered from the sac (Fig. 2). The gut was completely reduced through the defect and herniotomy was performed. Post-operative recovery was uneventful and the wound healed well.

Discussion

The global incidence of inguinal hernia varies from 0.8 to 4.4% in the pediatric patients.¹ It reaches upto 30% in preterm children.² Various intra-abdominal organs have been described as content of the hernia sac; the rare ones include appendix,³ ovaries, fallopian tubes and urinary bladder.⁴ Sigmoid colon as a content of inguinal hernia in the pediatric population has hitherto been reported in only one patient in literature wherein a loop of sigmoid colon loaded with feces was present as the content of left-sided inguinal hernia in a 1-year-old child.⁵ This child had presented in emergency with

* Corresponding author. Tel.: +91 9545046032.

E-mail address: vlangz@gmail.com (V. Langer).

0377-1237/\$ – see front matter © 2012, Armed Forces Medical Services (AFMS). All rights reserved.

<http://dx.doi.org/10.1016/j.mjafi.2012.06.016>

Fig. 1 – A pre-operative photograph showing the left-sided congenital hernia with multiple bosselations suggestive of gut as content. The left thigh has a sphygmomanometer cuff wrapped around it.

Fig. 2 – An intra-operative photograph showing the content of the hernia to be sigmoid colon. The hernia sac was opened to reduce the sigmoid. The cut edges of the sac are marked by multiple haemostats.

features of obstruction. However, in pediatric congenital hernias, the sac is transected at the deep ring. The contents are usually not looked for unless the hernia is irreducible, obstructed or strangulated. Hence the true incidence of sigmoid colon or other intra-abdominal organs as a content of the sac will never be known. Ours is the only second similar case to be reported in world literature. In our patient, however, the infant had no features of obstruction.

The aim of this publication is to highlight that sigmoid colon can be a content of congenital inguinal hernia even though it is an extremely rare presentation.

Conflicts of interest

All authors have none to declare.

REFERENCES

1. Lloyd DA, Rintala RJ. Inguinal hernia and hydrocele. In: O'Neill Jr J, Rowe M, Grosfeld J, Fonkalsrud E, Coran A, eds. *Pediatric Surgery*. 5th ed. St. Louis, Mo: Mosby-Year Book; 1998:1071–1086.
2. Galinier P, Bouali O. Focusing on inguinal hernia in children. *Arch Pediatr*. 2007;14:399–403.
3. Doyle GS, McCowan C. Amyand hernia: a case of unusual inguinal hernia. *Am J Emerg Med*. 2008;26:637.
4. Gurer A, Ozdogan M, Ozlem N, Yildirim A, Kolacoglu H, Aydin H. Uncommon content in groin hernia sac. *Hernia*. 2006;10:152–155.
5. Roy AK, Ghildiyal JP. Impaction of feces in a loop of sigmoid colon: a rare cause of incarceration of inguinal hernia in children. *Int J Surg*. 2008;6:7–8.