A Rare Case of Richter's Variety of Obstructed Femoral Hernia in a Male

V. S. Parmar · G. N. Vaghasiya · J. P. Dave

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Abstract Femoral hernias are elusive conditions that, despite having life-threatening complications, are often undiagnosed in asymptomatic patients. They are less common than inguinal hernias and occur more frequently in females [Purushotham et al. (2014) *J Evol Med Dent Sci* 3(05):1160–1163]. In the first place, femoral hernia in a male patient is itself, a very rare clinical presentation, let alone complications like obstruction or strangulation in the second place. Thus, despite the fact that femoral hernias account for only 2–4 % of all groin hernias, their timely and correct diagnosis is vital due to the increased mortality associated with emergency surgery for their complications [Arkoulis et al. (2012) *Ox J Med, J Surg Case Rep* 2012(6):6]. This, however, is not always easy, where mortality has been found to be tenfold. Here, we present a case of right-sided obstructed femoral hernia of Richter's variety in a male of 52 years of age.

Keywords Femoral hernia · Obstructed hernia · Richter's hernia · Repair · Meshplasty

Introduction

A femoral hernia is an uncommon, acquired condition, which has been reported in less than 5 % of all abdominal wall hernias, with a female to male predominance of 1.8:1. It is twice as common in parous as non-parous women. Approximately 60 % of femoral hernias are found on the right, 30 % on the left, and 10 % bilaterally. Diagnosing the nature of a lump in the groin is often difficult and delay in diagnosis may occur, especially because an obstructed or strangulated femoral hernia does not always typically present with

abdominal or inguinal pain [3]. There appears to be only a few reports in the literature that specifically describe incarcerated femoral hernia in male population.

Case Report

A male patient of 52 years presented to the surgery department with complaints of irreducible swelling in the right-sided groin region, and vomiting for 1 day. On examination, he had a single right groin irreducible swelling of approximate 4×2 cm in size, below and lateral to the pubic tubercle, with local site tenderness. Abdominal findings were normal. He was vitally stable. X-ray of erect abdomen showed few air fluid levels. Ultrasound was suggestive of the presence of bowel in the right-sided groin swelling with few dilated bowel loops in the abdomen. It was then planned to go for right-sided inguinal exploration and to proceed accordingly. On exploration, there was a single swelling of 4.5×2 cm arising below and lateral to the pubic tubercle and from below the inguinal ligament from the femoral canal (Fig. 1). The sac was opened and contents found were omentum and a part of the circumference of the ileal loop which was mildly congested (Fig. 2). The omentum was reduced back, while the congested bowel got normalized after giving adequate oxygenation and warmth. Prolene plug was kept and femoral defect closed. Posterior wall repair was done between Cooper's ligament, transversalis fascia, and the lower edge of conjoint tendon with Prolene. Finally, Prolene mesh was fixed in the inguinal region to prevent future recurrences, a negative suction drain was kept, and sheath and skin was closed. Patient tolerated orally from second post-op day, while the drain was removed on the third post-op day and finally, discharged uneventfully.

V. S. Parmar (✉) · G. N. Vaghasiya · J. P. Dave
P. D. U. Medical College, B-6/8, A.B..C. Staff Quarters, Near
Prabhat Hospital, Jamnagar Road, Rajkot 36001, Gujarat, India
e-mail: vishu_trustme@yahoo.co.in

Fig. 1 Obstructed femoral hernia

Discussion

Femoral hernia is not as common as inguinal hernia. It is often associated with obstruction, incarceration, or strangulation, resulting in peritonitis and mortality. The ratio of femoral hernia relative to all groin hernias is reported to be less than 5 % in adults. The peak distribution is in the 50s age group. Differential diagnosis of femoral hernia includes lymphadenopathy, saphenous vein varicosity, pseudohernia, femoral artery pseudoaneurysm, and soft tissue masses [4]. The hernial sac commonly consists of small bowel or omentum, but uncommon cases have been reported where the herniating structures were caecum, appendix, colon, Meckel's diverticulum, ovaries, testes, stomach, and kidneys.

Current recommendations suggest that femoral hernias should be repaired unless specific contraindications are present. This recommendation is based on the experience that complications of incarceration, obstruction, and strangulation are greater threats than the risks of operation. Selection of the inguinal, infrainguinal, or preperitoneal approach is determined by the presentation [5]. Laparoscopic management of femoral hernias nowadays have also been described.

Fig. 2 Part of the circumference of bowel as content

Conclusion

Despite the fact that femoral hernias account for only 2–4 % of all groin hernias, their timely and correct diagnosis is vital due to the increased mortality associated with emergency surgery for their complications. This, however, is not always easy. Femoral hernias are commonly missed or misdiagnosed as less serious conditions, leaving surgeons to deal with their complications in the acute setting.

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