OBSTRUCTED LAUGIER'S HERNIA

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Introduction

Hernia occurs in approximately 15 per 1000 of the population [1]. Approximately 50 percent of all hernias are indirect inguinal hernias and 25 percent are direct inguinal hernias. Incisional and ventral abdominal hernias represent about 10 percent, followed by femoral, 6 percent; umbilical, 3 percent; oesophageal hiatus, 1 percent; and miscellaneous rarer types, 2 percent. The total balance tips in favour of the groin hernias, roughly about 75% of all.

Laugier's hernia is an uncommon hernia encountered in the groin. This name is given to the hernias passing through lacunar ligament or Gimbernat's ligament [2]. Most of the people in the rural India adapt themselves to live through their lives with the hernias, so long as there is no pain. Here in this article, a case of obstructed Laugier's hernia is reported upon.

Case Report

A 68-year-old male patient presented to '9 Air Force Hospital', located in the rural Punjab area, with the history of painful swelling in the right groin, repeated vomitings and distension of abdomen of 24 hours duration. History of obstipation was present. This patient was a farmer by occupation. He has been an active worker on his farm land in the rural Punjab area for the last 45 years.

On examination, the patient was ill looking with signs of moderate dehydration. Pulse rate was 100 per minute, regular. Blood pressure was 110/70 mm of Hg. Local examination revealed a small irreducible globular swelling measuring about 6 cms x 5 cms presenting below the right inguinal ligament. There was no expansible impulse on coughing. The swelling was tense, tender and irreducible. The swelling appeared to come through the medial half of the right inguinal ligament at the root of the scrotum. Examination of the abdomen revealed mild distension of abdomen. The intestinal sounds were found to be exaggerated. Initially the clinical diagnosis of obstructed right femoral hernia was made and the patient was prepared for surgery. The investigations were carried out. Routine haematological and biochemical investigations were within normal limits. Plain radiograph of abdomen revealed evidence of intestinal obstruction.

He was resuscitated with intravenous fluids to treat dehydration. Continuous gastric aspiration was established with Levine's tube. Broad spectrum antibiotics were given preoperatively in the

form of Inj. Ampicillin 500 mg IV, Inj Gentamicin 60 mg IV and Inj. Flagyl 500 mg IV. The patient was taken up for surgery.

Since obstruction was present, it was decided to do McEvedy's operation [3]. A vertical incision was made over the swelling and continued upwards above the inguinal ligament. Through the lower part of the incision, the sac was dissected out. The upper part of the incision exposed the inguinal ligament and the rectus sheath. The superficial inguinal ring was identified and an incision 2.5 cm above the ring parallel to the outer border of the rectus muscle was deepened until the extraperitoneal fat was found. By gauge dissection in this space the hernial sac passing through the lacunar ligament was identified. The lacunar ligament was found to be the constricting agent. The fundus of the hernial sac was opened below and its contents, a single loop of small bowel and a small quantity of haemorrhagic fluid were noticed. The fluid therein was mopped up very thoroughly. The constricting agent, the lacunar ligament was divided under vision. The loop of bowel, initially purple, was found to regain colour. On wrapping it in a warm moist abdominal pack, the dark colour became lighter and a wave of peristalsis could be observed. As the loop of bowel was viable, it was returned to the peritoneal cavity. The sac was freed from the extraperitoneal tissue and its neck was ligated. The divided lacunar ligament was then sutured to conjoined tendon using No 1 prolene suture material. The femoral ring was obliterated by suturing the conjoined tendon to the pectineal ligament. The incised external oblique was sutured and the wound was closed. The patient recovered well to be discharged after eight days. During review he was found to be asymptomatic.

Discussion

By definition, a hernia is a protrusion of normal cavity contents through the fascial and muscular layers designed to contain them[4]. Thus groin hernias are due to failure of the laminae of the abdominal wall to contain the enclosed viscera. The commonest groin hernia is the inguinal hernia. Lacunar ligament hernia (Laugier's hernia or Velpeau's hernia) is very rare. These hernias pass through Gimbernat's ligament through a gap. The lacunar ligament reinforces medially the floor of inguinal canal, filling the angle between inguinal ligament and pectineal line. This ligament and the conjoined tendon are attached in common to the pectineal line but lie in planes at right angles to each other [5]. These hernias are more likely to cause strangulation of bowel because these sacs have smaller necks that tend to be surrounded by rings

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of rigid tissue [6]. The diagnosis is suspected on account of its small size, unusual medial position and almost always the presence of features of strangulation. The diagnosis is confirmed only at the time of operation when the hernia is found to be passing through a gap in lacunar ligament (Gimbernat's ligament) with normal femoral ring. The treatment is surgery [7]. Incision of the ligament is necessary for the release of strangulation as done in this case. The repair is required to close the gap in lacunar ligament. In this case femoral ring was also closed as a precautionary measure and also to facilitate the repair of lacunar ligament.

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