



BILATERAL FEMOROCELE : FIRST CASE EVER REPORTED

Dr. Kalpit Goriwal*

DNB General Surgery M.s. Office Indraprastha Apollo Hospitals Sarita Vihar New Delhi 110076 India *Corresponding Author

Dr. Adheesh Goriwal

DNB General Surgery M.s. Office Indraprastha Apollo Hospitals Sarita Vihar New Delhi 110076 India

Dr. Sunil Kaul

M.S (GENERAL SURGERY)Senior Consultant, General and Laparoscopic Surgery General Surgery M.s. Office Indraprastha Apollo Hospitals Sarita Vihar New Delhi 110076 India

ABSTRACT**INTRODUCTION :**

Hydrocele of femoral hernial sac is an extremely rare entity. Total six authentic cases have been recorded till date. Bailey [1] reported the first case in 1927; Rives [2] in 1934 had reported two cases of true femoral hydrocele. The femoral canal is located below the inguinal ligament, lateral to the pubic tubercle; bounded by the inguinal ligament anteriorly, pectineal ligament posteriorly, lacunar ligament medially, and the femoral vein laterally. It normally contains a few lymphatics, loose areolar tissue and occasionally a lymph node called Cloquet's node. Femoral hernia develop as herniations of the peritoneal sac through the femoral ring into the femoral canal, medial to femoral vessels. The femoral hernia sac have been reported commonly consisting of omentum or small bowel. Fluid collection in femoral hernia sac from peritoneal cavity gravitated to pouch and omental plug at narrow neck. Fluid amber color and sterile in nature, with presence of albumin and fibrinogen. In old age, the femoral defect increases and femoral hernia is commonly seen in low-weight, elderly females seen in women at 4th to 6th decade. Clinical presentation—painless groin swelling. This never has been diagnosed preoperatively in all cases reported in literature but always only after surgical exploration, as in our case too. The differential diagnosis in consideration is only as irreducible or incarcerated femoral hernia or cyst of the canal of Nuck, subcutaneous lipoma or Bartholin's cyst of labium majora, lymphadenopathic abscess, or arterial and venous aneurysms.

Hydrocele of femoral hernia sac: two varieties, i.e.,

i. Primary or true hydrocele of femoral hernia sac: fluid trapped in the sac of femoral hernia either due to adhesions or omental plugging at narrow neck of sac, with no evidence of ascites.

ii. Secondary: fluid collection in sac of femoral hernia from the peritoneal cavity.

The use of mesh is still debatable. Primary tissue repair has been recommended by most studies, particularly if no tension or risk of wound infection.

KEYWORDS : Femorocele, Hydrocele Of Femoral Hernial Sac, Femoral Hernia

CASE REPORT :

A 66 year old gentleman, resident of Canada, with no known comorbidities presented to our outpatient department with the chief complaints of vague pain in bilateral inguinal regions of 6 months duration and swellings in bilateral inguinal regions for a period of 3 days. The pain is dull aching, of mild intensity, non radiating, aggravated by strenuous physical activity and relieved by rest. The swellings in bilateral inguinal regions were noticed by the patient 3 days back while doing recreational rock climbing. The swellings reduce gradually on lying down and increase in size on straining. On examination, patient was found to be of slim built with a BMI of 19.2 kg/m². The swellings in the bilateral inguinal regions were about 3 x 2 cm in size which were noticed to be below and lateral to the pubic tubercle. The swellings reduced gradually when the patient lied down on his back. Cough impulse was noted on the saphenous opening. Both swellings were fluctuant and transilluminant. No bruit or peristaltic sounds were noted on auscultation over the swellings. Computed tomography of the pelvic region demonstrated femoral hernial sacs bilaterally with fluid as the only content. A diagnosis of bilateral femorocele was made. Patient was offered surgery but due to personal reasons he decided against it.



(A)

(B)

A) CORONAL SECTION OF COMPUTED TOMOGRAPHY- FEMOROCELES MARKED BY ARROWS

B) CROSS-SECTIONAL IMAGE OF COMPUTED TOMOGRAPHY - FEMOROCELES MARKED BY ARROWS

DISCUSSION :

Femoral hernia is a variety of groin hernia that has been found to occur predominantly in the female population around the world. Due to its narrow neck, femoral hernia has got a high propensity to obstruct and strangulate. Most common content of the femoral sac has been observed to be omentum. Very rarely, rare to the extent of only a few cases in the entire medical literature, femoral hernia sacs can consist of only ascitic fluid. This rarest of the rare condition has been termed as FEMOROCELE or HYDROCELE OF THE FEMORAL HERNIA SAC. The condition is characterised by vague, dull aching pain in the inguinal region and variably with swelling in the inguinal region which reduces gradually when the patient lies down on his/her back. Examination reveals a fluctuant, transilluminant and reducible swelling in the inguinal region. Treatment is essentially surgical and is on the lines of femoral hernia repair.

CONCLUSION :

Hydrocele of the femoral hernial sac aka. Femorocele is a very rare entity.

As far as the review of literature for this clinical entity is concerned, we believe that

this is the first case of bilateral femorocele ever reported.

Compliance with Ethical Standards

Conflict of Interest : The authors declare that they have no competing interests.

Consent : Written informed consent was obtained from the patient for publication of this report and accompanying images.

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