



A RARE CASE OF BILATERAL SLIDING INGUINAL HERNIA – A CASE REPORT

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ABSTRACT

The purpose of this paper is to present an unusual case of Large Bilateral sliding Inguino-scrotal Hernia. Sliding inguinal hernias are often unexpected intraoperative findings, and repair of which can be technically difficult. A sliding hernia is one where in the posterior wall of the sac is formed by the Bowel. Bilateral sliding hernia constitute less than 1% of all hernias. We report of a 61 year old male patient who was having bilateral inguino-scrotal swelling for more than 3 years and its management

KEYWORDS : sliding hernia, bilateral inguinal hernia

INTRODUCTION

A sliding hernia occurs when an internal organ forms a portion of the wall of the hernial sac. The most common viscus involved is the colon or urinary bladder. In most of the cases, sliding hernia is a variant of indirect inguinal hernia, but can occur in femoral hernia and Direct sliding hernia.

Giant Bilateral Sliding Inguino-scrotal hernia are usually rare due to patients usually presenting late¹. These large hernias pose a variety of problems both during and after surgery. The danger during surgery associated with slider is failure to recognize the visceral component of hernial sac before injury to bowel or bladder.

The case we are reporting is a rare case of bilateral slider hernia with Sigmoid colon on the left side as content and cecum with Retro-peritoneal adipose tissue on the right side as content.

Case Report

The patient was a 61 year old male, had swelling over both groin for 10 years and was having occasional pain over Right testes. He had no history of difficulty in micturition or constipation.

Clinically, patient vitals were stable and abdomen was soft On inspection, Inguinoscrotal swelling seen over both Inguinal region.

Left side swelling was not completely reducible On the right side, Testes was separately palpable, with cough impulse separately palpable. Basic blood investigation and ultrasound scan was done which showed Left Chronic Hydrocele.

A Diagnosis of Bilateral Inguinal hernia with Left chronic Hydrocele was made

Under Spinal Anaesthesia, The Surgical Approach were through separate groin incision on both sides.

The left side was opened first, Cremaster muscle hypertrophied, The sac was large, Anterior wall of sac opened and found to contain the Sigmoid and descending colon along with mesocolon with contents forming the posterior wall.. Great care was taken while dissecting the sac reduced with IV sedation and

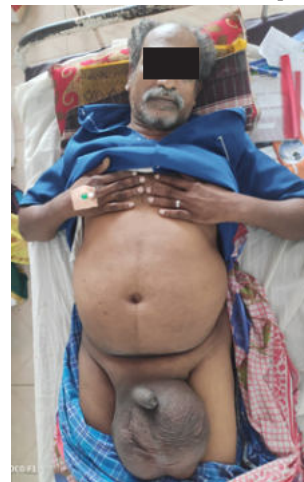
IV muscle relaxants, peritoneum closed with continuous absorbable sutures. Lytle's repair and Modified bassini repair done with placement of Polypropylene mesh Suction drain placed over the mesh and wound closed in layers On inspection, Inguinoscrotal swelling seen over both Inguinal region.

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On Right Side

Posterior wall of the sac were found to be Retroperitoneal adipose tissue of about 10x15 cm. Anterior layer of sac dissected and closed, Lytle's repair and Modified bassini repair done with placement of Polypropylene mesh and closed in layers.

A separate Left paramedian incision was made and deepened in layers. The Left hydrocele sac was thick and calcified with atrophic testis and hence proceeded with left orchidectomy

Post operatively, the Orchidectomy specimen was sent for histopathological examination and reported as chronic inflamed testes.

The patient's post operative recovery was uneventful and drain removed on 2nd Day and patient was discharged on 7th post operative day. Sutures were removed on Day 10

The patient was followed up for complications for 3 months and the patient is doing well.

DISCUSSION

Bilateral Large Sliding Inguinal hernia are usually rare¹. Incidence of Unilateral Sliding hernia is about 3-5 % whereas Bilateral sliding hernia constitute less than 1% of cases.

The chronic inguinal hernia often has a thick sac and may be difficult to distinguish the bowel forming the posterior wall of the sac and the surgeon may inadvertently enter into the Bowel.

Other problems associated with surgery are Inadvertent injury to bowel and major vessels, high risk of wound infection, recurrence, scrotal hematoma.

The content of large inguino-scrotal slider hernia are usually bowel, But there have been instances where Urinary bladder could be present. There have been few case reports that Kidney along with ureter, Ovaries¹³⁻¹⁵, Rarely Stomach become the content¹⁶

CONCLUSION:

Large Bilateral Sliding inguino-scrotal sliding hernias are rare and preoperative evaluation anticipating important visceral structures as content, Meticulous dissection of hernia contents, taking care not to open the posterior wall and injuring large bowel, watching for abdominal compartment syndrome, and good postoperative care can reduce the incidence post op morbidity and recurrence rates.

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