

A RARE CASE OF MAYDL HERNIA

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ABSTRACT

We present a case of an unusual type of obstructed indirect inguinal hernia with impending strangulation. The operative findings revealed a sliding Maydl's hernia with an ischemic inner ileal loop. This case highlights the importance of intraoperative examination of the intra-abdominal bowel loops proximal to the hernia sac of an incarcerated, obstructed, or strangulated hernia.

KEYWORDS :**INTRODUCTION**

Maydl's hernia is a rare type of incarcerated hernia popularly known as a hernia in "W" which describes the orientation of the bowel in the hernia sac and the vulnerability of the central segment of bowel to undergo intra-abdominal closed-loop strangulation which may go unnoticed.

Case Presentation

A 36-year-old man was admitted as an emergency with a 12 hrs history of a sudden onset painful irreducible right inguinal swelling following a meal. The groin swelling had been present for over a year associated with intermittent pain but had suddenly become bigger. The pain at presentation was associated with vomiting, and constipation. On examination his vital signs revealed a BP 110/70mmHg, pulse 102/min, respiratory rate 28/min, and a temperature of 37.5°C.

Local Examination:

There was a tender, tense, and irreducible groin swelling of 5*5cm in size. The diagnosis of a strangulated inguinal hernia was made. He underwent an emergency inguinal exploration following a rapid resuscitation with intravenous fluids and analgesia.

INTRAOPERATIVE FINDINGS:

A right oblique groin incision revealed an indirect hernia sac with some free fluid. The tight deep inguinal ring was widened and this revealed an intra-abdominal two loops of ileum with interloop adhesions. (Figure 1). The ischemic loop was covered with hot moist gauze for 10 minutes until the normal lustre and peristaltic wave returned. The hernia sac was transixed and reduced and a modified Bassini repair of the hernia was performed. This consisted of a tension-free apposition of the inguinal ligament to the conjoint tendon associated with plication of the transversalis fascia up to the deep ring using 2.0 prolene. He made good recovery and was discharged on the fifth postoperative day.

DISCUSSION

Maydl's hernia is a double loop hernia with the middle, internal loop strangulated (Figures 1 and 2) [1]. It is a rare variety (<2%) of strangulated inguinal hernia first described by the Austrian surgeon Karel Maydl in 1895 [2]. When two adjacent loops of bowel are in the sac, the intervening portion in the abdomen is the first to suffer if the neck of the sac is tight, because it is the centre of the whole loop involved. Thus, the strangulated piece which is at the apex of the "W" is intra-abdominal and can be missed at surgery from a fatal misjudgment in observing two viable loops in the hernia sac [1-3] Further examination of intra- abdominal bowel proximal to the neck of the sac is important.

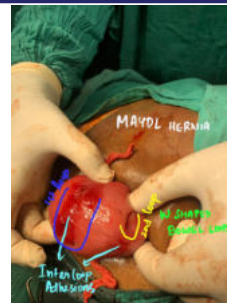


Figure 1: Two loops of ileum with interloop adhesions in between. (blue arrow)

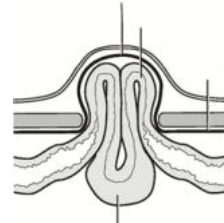


Figure 2: Schematic diagram of Maydl's hernia (strangulated intestine at apex of "W").

CONCLUSION

Maydl's hernia although rare should be suspected in patients with large incarcerated hernia, with evidence of strangulation or peritonitis, or with viable loops of intestine in the hernia sac. Examination of the bowel loops proximal to the obstructing hernia ring is vital to avoid return of nonviable bowel to the abdomen during repair.

Ethics

The case report did not require ethical clearance as it was not a research involving human subjects.

Consent

The patient granted consent for the case to be reported.

Conflict of Interests

The authors declare that there is no conflict of interests regarding the publication of this paper