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Original Research Paper

Surgery

CASE REPORT: CONCURRENT FEMORAL AND DIRECT INGUINAL HERNIA IN A MALE PATIENT

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ABSTRACT Hernias in the groin region are common, with inguinal hernias being far more prevalent in males. Femoral hernias are rarer and more common in females. The coexistence of a femoral and direct inguinal hernia in a male patient is unusual. We present a case of a 58-year-old male with concurrent femoral and direct inguinal hernia on the right side, managed successfully through open hernioplasty.

KEYWORDS :

INTRODUCTION

Inguinal hernias are the most common type of abdominal wall hernias, accounting for approximately 75% of all cases. These hernias occur when a portion of the intestine or abdominal tissue protrudes through a weak spot in the abdominal muscles in the groin region[1]. There are two main types: indirect and direct inguinal hernias. While indirect inguinal hernias are usually congenital and follow the path of the spermatic cord, direct inguinal hernias develop later in life due to a weakness in the posterior wall of the inguinal canal [2]. In contrast, femoral hernias are less common and occur when abdominal contents pass through the femoral canal, located just below the inguinal ligament. These are more frequently seen in women and are more prone to complications such as strangulation due to the narrowness of the femoral canal[3]. The concurrent presence of an inguinal and femoral hernia in a single patient is rare and presents significant diagnostic and therapeutic challenges, as it may be difficult to detect and may require a more complex surgical approach.

CASE PRESENTATION:

A 58-year-old male presented to the surgical outpatient department with complaints of a swelling in the right groin region for the past 6 months. The swelling was initially reducible and increased on standing or coughing. Recently, the patient experienced discomfort and noted that the swelling had become less reducible.

Past Medical History:

- No significant comorbidities.
- No history of previous abdominal surgery
- Non-smoker, occasional alcohol intake

CLINICAL EXAMINATION:

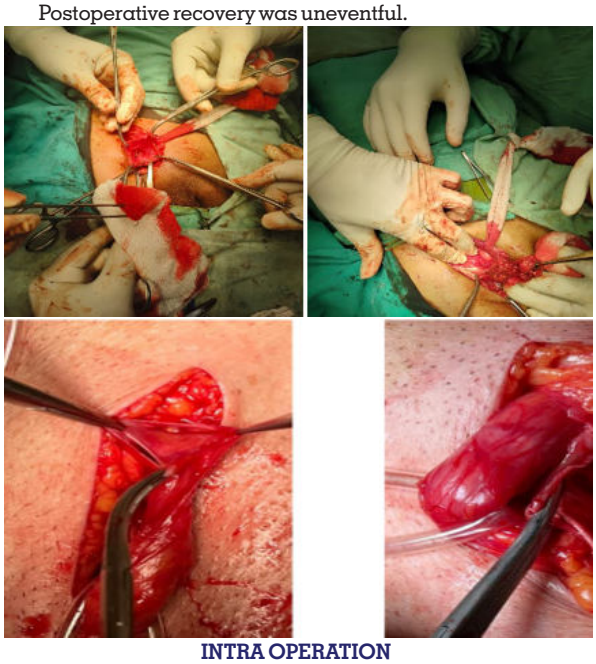
- A visible swelling measuring approximately 4 × 5 cm in the right groin, below and medial to the inguinal ligament.
- A second, more medially placed reducible bulge above the inguinal ligament was also noted.
- Cough impulse was present in both swellings. Both swellings were partially reducible.
- No signs of strangulation or obstruction

INVESTIGATIONS:

- Ultrasound of the groin confirmed a direct inguinal hernia and a femoral hernia on the right side
- Routine hematological and biochemical parameters were within normal limits

MANAGEMENT

- The patient underwent open hernioplasty under spinal anaesthesia.
- Intraoperatively, two separate hernial sacs were identified: A direct inguinal hernia sac medial to the inferior epigastric vessels
- A femoral hernia sac below the inguinal ligament, lateral to the pubic tubercle
- Both hernial sacs were reduced, and a polypropylene mesh was placed to cover the entire myopectineal orifice. The femoral canal was reinforced with a plug mesh. Postoperative recovery was uneventful.



INTRA OPERATION

DISCUSSION

Concurrent femoral and direct inguinal hernias in males are rare due to anatomical differences. Femoral hernias are more prone to complications like strangulation. A thorough clinical examination supplemented by imaging is essential. A tension-free mesh repair is the gold standard for such combined defects.

CONCLUSION

Although rare, a combination of direct inguinal and femoral hernias can occur in male patients. Proper diagnosis and timely surgical intervention can ensure optimal outcomes. Surgeons should maintain a high index of suspicion in atypical groin swellings.

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