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INGUINOGENITAL RICHTER'S HERNIA PRESENTING WITH ENTEROCUTANEOUS FISTULA- A RARE CASE REPORT AND REVIEW OF LITERATURE.

General Surgery

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ABSTRACT

Richter's hernia often presents with early symptoms that can be misleading, as it typically lacks obstructive signs. This can result in delayed diagnosis and an increased risk of strangulation, ultimately leading to higher mortality rates (1) that often results from neglect and leads to serious complications, such as obstruction, strangulation and sepsis. We report a rare case of a 45-year-old male with a 15-day history of fecal discharge from the right scrotum, stemming from a previously reducible right inguinal hernia that had become irreducible over the past month. The patient presented with sloughing scrotal skin and fecopurulent discharge. Surgical exploration revealed a hernial sac containing the appendix and part of the caecum with a perforation. We performed a primary repair of the caecal perforation, an appendectomy, and created a diversion ileal stoma. The scrotal wound was debrided and closed, and the patient was discharged after five days without complications. This case highlights the importance of early detection and management of inguinal hernias to prevent severe complications. Public awareness and education about hernias are vital to reduce the incidence of such rare but significant complications.

KEYWORDS

enterocutaneous fistula; inguinal hernia; caecum as hernia content; appendectomy; inguinal exploration; Richter's hernia

INTRODUCTION

Enterocutaneous fistula is a rare complication of an inguinal hernia that typically arises from a neglected complicated inguinoscrotal hernia and is a largely preventable complication if the diagnosis and prompt management is done. The pressure necrosis of the scrotal skin and ischemic necrosis of the bowel wall can lead to spontaneous stool leakage externally, which relieves bowel obstruction and patient made him to take time to present in OPDs. The outcome is generally favorable, but this hernia complication can lead to longer hospital stays, increased morbidity, and higher treatment costs. Implementing early detection and repair of all inguinoscrotal hernias can help prevent these issues.

Case Report

A 45-year-old male patient presented to our OPD with complaints of fecal discharge from the right side of the scrotum for 15 days. The patient had a history of reducible right inguinal hernia for 10 years and that was irreducible for one month. He consulted a nearby practitioner and advised him to undergo the surgery. The patient initially refused and was advised by medical management for the same complaints. The pain was relieved, further he had noticed sloughing of right scrotal skin and fecopurulent discharge from the wound for 15 days (Figure 1).

Figure 1: Preoperative Image Of Scrotal Enterocutaneous Fistula

He then presented to our OPD with such history and presentation. Upon examination, the patient had an irreducible right inguinoscrotal swelling and continuous fecopurulent discharge from right scrotal skin. An abdominal examination revealed no signs of peritonitis or obstruction. The patient was admitted, resuscitated and prepared for exploration. Routine blood investigations were performed, fluids and antibiotics were administered intravenously. The patient was taken for emergency exploration. We started with right inguinal exploration, hernial sac was identified after layer wise opening and the sac containing bowel was separated from cord structures and right testis (as the sac was adhered to the testis of the same side). The fistula opening was separated from scrotal skin and the hernial sac was opened. To the surprise, the content was appendix with a part of caecum (Figure 2) and there is 3x2 cm perforation in the cecal wall near the base of appendix and it was looked congested (Figure 3). The adjacent bowel appeared to be normal and there was no evidence of bowel incarceration or peritoneal contamination. Primary repair was done for cecal perforation with appendectomy done. Diversion ileal stoma was done proximal to primary repair. As the hernia site was locally contaminated with fecal content while handling, due to high risk of SSI, herniorrhaphy was done with prolene 1-0. The scrotal wound was debrided locally and thoroughly washed; scrotal wound was closed with CRT. The patient was put on oral feed after stoma functional after 2 days. The patient was discharged after 5 days without any post-surgical events.

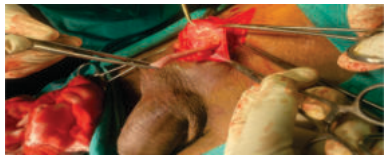

Figure 2- Intraoperative Picture Showing Hernial Sac With Part

Of Perforated Caecum And Appendix As The Content- Richter's Hernia

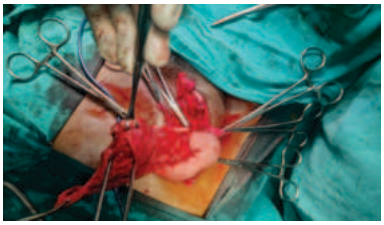

Figure 3- EC Fistula Opening At Caecum Near Appendix Base With Congested Bowel Wall

DISCUSSION

Scrotal enterocutaneous fistula is a rare complication of inguinal hernia, a small number of cases have been reported in the literature, of which, eight cases were reported in infants and children and six cases have been reported in the adult population (1-5). Two recent case reports were reported regarding enterocutaneous fistula from neglected inguinal hernia in two patients, both of which were 83years of age. One patient had an ECF from the cecum to the right scrotum and another from sigmoid colon to left scrotum, both had past history of prostate cancer undergoing treatment (6). Scrotal enterocutaneous fistulas are more prevalent in developing countries due to limited medical knowledge, poverty, and inadequate treatment. Addressing these issues through improved healthcare access and education is vital for better patient outcomes. Poor understanding the knowledge of hernia and its complications and poor financial status leads this patient not to take any intervention for him in his initial time of diagnosis (7). In our case, the initial reducible inguinal hernia became irreducible in progressive days and might have presented with obstruction. With the enteroscrotal fistula, patient was relieved temporarily from obstructive symptoms as heard from patient history. Thus, a vital awareness needed for public from surgical fraternity regarding hernias and their early prompt management of the disease and the associated complications if not operated.

CONCLUSION

In conclusion, this case emphasizes the importance of early detection and timely management of inguinal hernias to prevent serious complications such as enterocutaneous fistula. The delay in seeking treatment led to bowel perforation and infection, with the fistula temporarily masking obstructive symptoms. Successful surgical intervention, including caecal repair, appendectomy, and ileal stoma creation, resulted in a positive outcome. Raising public awareness about the risks associated with untreated hernias and promoting early surgical intervention, especially in areas with limited healthcare access, are crucial in reducing morbidity and improving patient outcomes.

Abbreviations

1. CRT, Corrugated Rubber Tube
2. OPD- Out Patient Department
3. SSI- Surgical Site Infection

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Ethical Clearance: The case report proposal was put before the institutional ethical committee and patient enrolment was done after approval from the committee.

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