Pantaloon Inguinal Hernia with Endometriosis

Jallad F, Hachem M.M, Bashinfer M, GNP Hospitals, Jeddah, KSA

Introduction:

Pantaloon inguinal hernia (direct and indirect hernia) is a very rare variety in female patients but also uncommon to present with endometriosis mass in the inguinal canal.

The CASE:

A 41 years old female patient complained of right inguinal pain and swelling 8 months ago. The pain was intermittent and sharp in intensity during the menstruation period. She had a past surgical history of partial hepatectomy and cesarean section 8 years ago. Inguinal examination showed a firm mass in the inguinal area with a positive cough impulse. An abdominal CT scan revealed an RT inguinal herniated soft tissue structure seen protruding to subcutaneous tissue through the inguinal canal. She underwent an open inguinal hernia repair under general anesthesia. During surgery, we found a firm mass bulging through an external inguinal orifice to subcutaneous tissue surrounded by extensive adhesion. The inguinal canal opened, and the finding was indirect inguinal hernia sac, omental content, attached firmly with the mass and direct hernia. The mass was excised completely and Lichtenstein open "tension-free" mesh repair of inguinal hernias was done. The histopathology report demonstrated an endometriosis mass. The patient was discharged in well general condition to be followed up in the outpatient clinic.

Discussion:

Endometriosis is defined as normal uterine tissue outside the uterine cavity, which may be found intra or extra-abdominal cavity. It represents around 10% of cases of childbearing women. Patients could present as a painless inguinal mass but, in most cases, the mass is enlarged and become painful during the menstrual cycle. Indirect inguinal hernia is most common associated with endometriosis, and patent processus vaginalis is a possible etiology. In our case, we found an indirect inguinal hernia sac attached to the mass and a direct hernia at the same site. Inguinal ultrasound, abdominal CT scan, and abdominal MRI can help to diagnose the inguinal hernia but are inconclusive to the diagnosis of endometriosis. Surgical excision is still the standard treatment with herniorrhaphy or hernioplasty. Endometriosis must be one of the differential diagnoses of inguinal hernia in female patients, especially if associated with inguinal mass.

Conclusion

Endometriosis with Pantaloon hernia is a rare case presentation. Inguinal hernia with mass in a female patient, endometriosis is one of the important differential diagnoses.



References:

1. Inguinal hernia containing functioning, rudimentary uterine horn and endometriosis.Kamio et al .Obstet Gynecol. 2009 Feb; 113(2 Pt 2):563-566.
2. Inguinal Endometriosis in a Nulliparous Woman Mimicking an Inguinal Hernia: A Case Report with Literature Review. AlSinan FM et al .Am J Case Rep. 2021 Dec 17;22:e934564.
3. Primary bilateral inguinal endometriosis: A case report.Ayuste EC et al .Int J Surg Case Rep. 2022 Apr; 93:106953.
4. Long term follow-up of inguinal endometriosis.Mu B et al .BMC Womens Health. 2021 Mar 2;21(1):90.
5. Primary inguinal subcutaneous endometriosis accompanied with an inguinal hernia: A case report.Chen PC et al .Medicine (Baltimore). 2021 Apr 9;100(14):e25460.
6. Endometriosis within the inguinal hernia sac.Zihni İ et al .Turk J Surg. 2020 Mar 18;36(1):113-116.
7. Clinical Characteristics and Surgical Treatment for Inguinal Endometriosis in Young Women of Reproductive Age. Niitsu H et al .Dig Surg. 2019;36(2):166-172.
8. Inguinal endometriosis, a rare entity of which surgeons should be aware: clinical aspects and long-term follow-up of nine cases. Wolfhagen N et al .Hernia. 2018 Oct;22(5):881-886.