Laugier's Hernia Case Report

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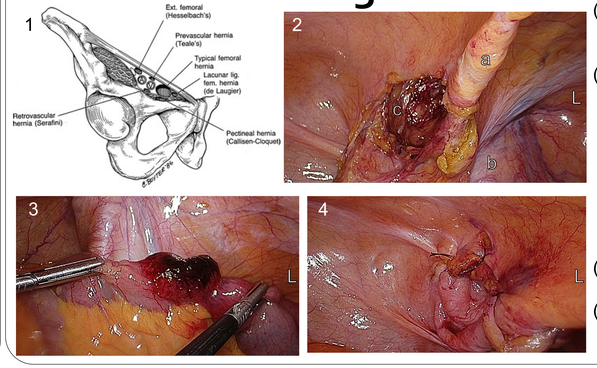
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Introduction

Inguinal hernia repairs are a common use of healthcare resources and have a high lifetime risk of 27% for men and 3% for women.[1] Laugier's hernias are a rare type of inguinal hernia seen when the bowel passes through the lacunar ligament.[2]

Unfortunately, little data describes this type of hernia with only a handful of case reports describing their findings.[3,4] In this case report, an obstructed Laugier's hernia is discussed, and the surgical repair is detailed.

Figures



Figures:

(1) Normal anatomy of hernias.

(2) a: medial umbilical ligament
b: external iliac vessels
c: defect through the lacunar ligament

(3) (3) Hyperemic bowel.

(4) (4) Peritoneal flap sutured

Case Report

A 63-year-old male with past surgical history including laparoscopic left inguinal repair with mesh, and past medical history of Barrett's esophagus, Gilbert's syndrome, and gout presents to the emergency department with RLQ pain and nausea/vomiting. The patient is a construction worker and two weeks prior was lifting concrete blocks when he felt "something pop." On exam, he had an indurated mass in the right groin that was tender and non-reducible. CT of the abdomen and pelvis without contrast was performed. Findings were suggestive of a right femoral hernia causing a small bowel obstruction.

A Transabdominal Preperitoneal (TAPP) approach was chosen for the repair. A Hasan trocar and camera were inserted into the abdomen, and two 5 mm ports were placed in the lower left quadrant. Dissection was carried down in the extraperitoneal plane to the hernia defect. The defect was observed passing through the lacunar ligament and close to the pubic bone. The bowel was then reduced in a manner comparable to a femoral hernia (Figure 2). The bowel was examined and it appeared hyperemic but with peristalsis and no necrosis present. (Figure 3). A polypropylene mesh plug was inserted into the hernia defect and tacked to the nearby pubic bone. The peritoneal flap was sutured back to the anterior abdominal wall using a 3.0 Polysorb suture (Figure 4). The patient tolerated the surgery well and was discharged the following day.

Discussion

Hernias are protrusions of the organs through a weak point in the wall containing them. For a Laugier's hernia, the bowel protrudes through a weak point in the lacunar ligament. The lacunar ligament connects the pectineal (Cooper's) ligament to the inguinal ligament near the pubic tubercle and makes up the femoral canal's medial border.[7] CT scan of the abdomen can help assess if a hernia is present in the inguinal area. Still, it is not detailed enough to recognize the hernia sac passing through the lacunar ligament.[3] This means a Laugier's hernia can be misidentified as a femoral hernia before the operation. Therefore, surgeons should be aware that an apparent femoral hernia can be identified as a Laugier's hernia intraoperatively.

Surgical management of a Laugier's hernia is the same as a femoral hernia.[3,5] Treatment for a Laugier's hernia can be successfully performed either by open[3] or laparoscopic[4] techniques. Unfortunately, there is scarce literature regarding which technique is better for a Laugier's hernia. However, there is a preference for groin hernias to be managed using a minimally invasive approach due to superior recovery times and reduced postoperative pain.[6] The laparoscopic method has also proven effective in examining other potential hernia orifices and allowing proper repair without significant changes in technique.[8] Therefore, we recommend a laparoscopic approach if a known Laugier's hernia exists.

Conclusions

- Laugier's hernias tend to be misdiagnosed as femoral hernia before operation.
- The treatment of Laugier's hernias and femoral hernias are the same.
- Laparoscopic technique is preferred for its superior recovery time and reduced postoperative pain.
- More research is needed regarding the incidence and treatments of Laugier's hernias.

References

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Acknowledgements

A special thank you to UPMC Community Osteopathic Hospital for providing resources to make this presentation happen. Thank you to SAGES for accepting this poster for the e-Poster presentation.

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