That Does Not Belong There! A Case Report: Incarcerated Femoral Hernia Containing Appendix.

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Introduction

- Femoral hernias account for 3% of groin hernias.
- Rarely ***(0.08-0.13%),*** a vermiform appendix travels through the femoral canal and presents as an incarcerated femoral hernia known as ***De Garengeot Hernia***, first described in 1731.
- Here we present a case where a hernia was managed using minimally invasive techniques (laparoscopic and inguinal approach) with quick postoperative recovery.

Case Presentation

- A 58-year-old female with history of right inguinal hernia presented with one day of pre-syncopal symptoms and a painless bulge in right groin for 3 days.
- She had normal bowel function.
- Her abdomen was soft, non-tender, no guarding.
- There was a ***non-reducible, non-tender bulge in the right groin with no skin changes.***
- She was afebrile, WBC was 11 g/dl and lactate was 2.4 mmol/L.

CT AP: perforated acute appendicitis with 3.2 x 4.3 cm fluid collection (appendiceal tip abscess) within a femoral hernia.

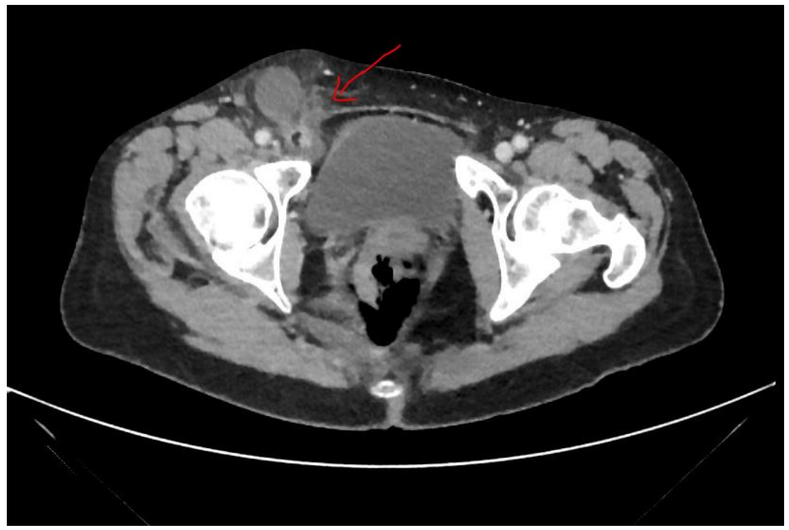
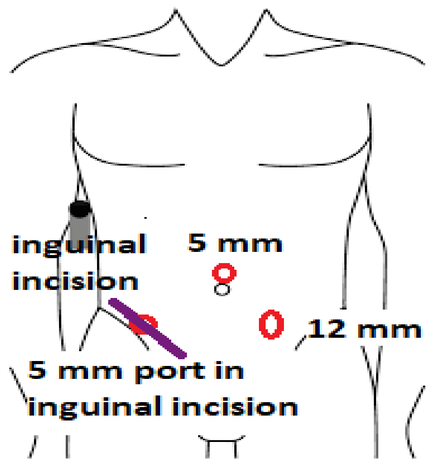


Figure 1: Port placement



Operative Technique

- She underwent a combined laparoscopic and open inguinal approach right femoral hernia repair.

Port Placement:

- 5 mm periumbilical port.
- 12 mm port in the left lower quadrant.
- The appendix was reduced in the abdomen.
- 5 mm port through the femoral canal.

- The appendiceal tip was hemorrhagic and could not be delivered out secondary to the small hernia defect.
- The base of the appendix and mesentery were divided using the stapler.
- In the absence of an appendiceal perforation, the hernia defect was closed using an ***absorbable mesh plug.***

Pathology

- Benign appendix with peri-appendiceal fat inflammation

Conclusion

This approach provides the benefits of:

- Hernia defect closure
- reducing hernia recurrence, and
- fast post-operative recovery