Incidental Finding of Bilateral Femoral Hernias and Bilateral Inguinal Hernias In A Male: An Unusual Anatomic Case

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Background

The presence of bilateral femoral with concomitant direct inguinal hernia is a rare phenomenon and is not well documented in literature. Inguinal hernias constitute indirect, direct, and femoral hernias. Femoral hernias occur less frequent than inguinal hernias, 3% vs 75% respectively. Urgent evaluation and recognition of femoral hernias is important as these have the highest rates of strangulation (15- 20%).

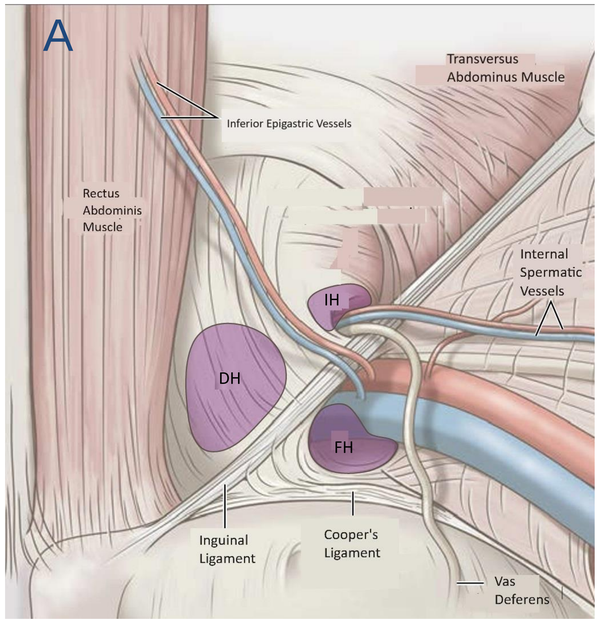


Image A: DH: Direct Hernia; IH: Indirect hernia; FH: Femoral Hernia

Case

49 year old male presented to with complaint of a right bulge from his groin. He reported discomfort with activities, as well as, discomfort over his left groin as well. On physical exam, he had a mildly tender small reducible left inguinal hernia and a non-reducible right groin mass. Patient was consented and underwent elective robotic bilateral inguinal hernia repair. During dissection the patient was noted to have bilateral direct hernia defects without any indirect hernias. Upon further dissection he was also incidentally noted to have fat-containing femoral hernias bilaterally. His hernias were covered with a 3D knitted monofilament polypropylene mesh and covered with a peritoneal flap. Postoperatively patient did well and recovered without complications. He is currently able to perform activities of daily living and has not noted any recurrences.

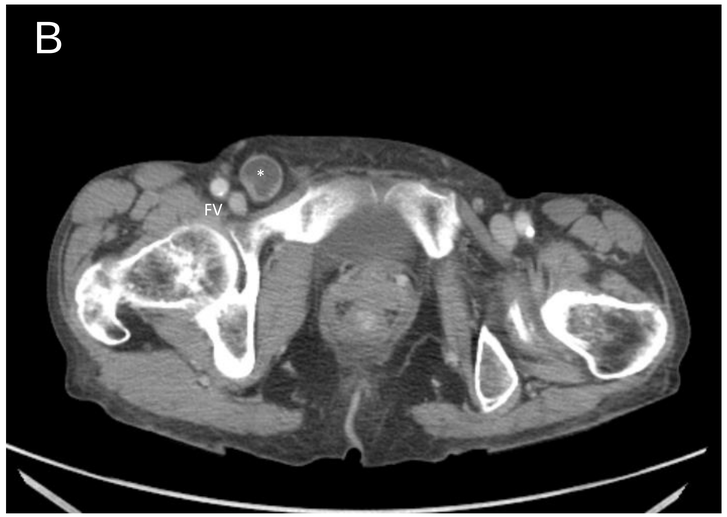


Image B: CT scan demonstrating femoral hernia (*) in relation to femoral vessels (FV). Femoral hernias can be demonstrated medial to the femoral vessels on imaging.

Discussion

Lifetime occurrence of groin hernias is 27- 43% in men and 3- 6% in women. Inguinal hernias remain the most common of all groin hernias with femoral hernias accounting for about 3%. Females have a higher incidence of femoral hernias compared to men with a ratio of 10:1. Groin hernias can further be classified into indirect, direct, and femoral based on anatomic locations. Indirect hernias protrude through the internal inguinal ring, lateral to the epigastric vessels. Direct inguinal hernias is a protrusion of tissue through the posterior wall of the inguinal canal, medial to the epigastric vessels. Femoral hernias are a protrusion of tissue below the inguinal ligament and medial to the femoral vessels.

Femoral hernias can be asymptomatic and detected on physical exam. Typically noted as a small bulge below the level of the inguinal ligament. If small or large intestine is noted within the hernia sac, patient may present with signs or symptoms of obstruction. Femoral hernias have a higher rate of serious complications, including highest rate of strangulation (15- 20%).

Surgical management remains the mainstay of treatment for femoral hernias and often recommended for repair at the time of diagnosis. Repairs can be done through open or laparoscopic approaches. Open approaches include a McVay, Lotheissen's, and Lockwood repairs. Laparoscopic approach is the gold standard technique for repair. Laparoscopic approach provides decreased postoperative pain, better view of surgical field (advantage of visualizing bilateral groins), fewer infections, and quicker return to activities.

References

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