STRANGULATED FEMORAL HERNIA CONTAINING FALLOPIAN TUBE
REQUIRING OPEN REPAIR AND SALPINGECTOMY

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Background

- Groin hernias are infrequently found to contain atypical visceral contents such as the bladder, appendix, or adnexa[1]
- There are rare case reports of femoral hernias containing a fallopian tube[2,3]
- However, there has been only one other documented case of femoral hernia with strangulated fallopian tubes requiring salpingectomy in adults
- Femoral hernias are uncommon but occur more frequently in women. Herniation of intra-abdominal contents are exacerbated by factors that increase intra-abdominal pressure such as chronic obstructive pulmonary disease (COPD)[4]
- Physical exam, cross-sectional imaging, and intraoperative confirmation of findings are essential to diagnosis of strangulated femoral hernia
- Prompt operative exploration is essential when there is concern for strangulated femoral hernia with reduction or resection of hernia content followed by repair of the abdominal wall defect

Case Description

A 65-year-old female with a history of COPD and congestive heart failure presented to the emergency department with 5 hours of abdominal pain, a new left lower quadrant bulge, and associated symptoms of nausea, vomiting, and obstipation. A computed tomography (CT) scan revealed a left femoral hernia containing what appeared to be a short segment of bowel, causing small bowel obstruction at the transition point in the left groin.

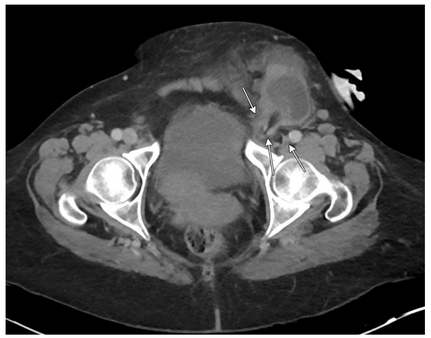


Figure 1. CT abdomen pelvis (axial) demonstrating femoral hernia.



Figure 2. CT abdomen pelvis (coronal) demonstrating femoral hernia.



Figure 3. CT abdomen pelvis (sagittal) demonstrating femoral hernia.

Case Description (continued)

During operative exploration, a hemorrhagic and ischemic left fallopian tube was identified within the hernia sac. The fallopian tube was resected using bipolar electrocautery. The left ovary was found intact and well-perfused within the peritoneal cavity. A diagnostic laparoscopy revealed dilated loops of small bowel and scant ascites. The hernia sac was ligated, reduced, and the defect repaired with mesh. Postoperatively, the patient experienced hypercarbia due to her pre-existing COPD, requiring brief admission to the surgical intensive care unit. She recovered well following respiratory stabilization and was discharged home on postoperative day 4. At follow-up, she remained in good health. Final pathology confirmed hemorrhage and degenerative changes in the resected fallopian tube.

Discussion

Femoral hernias containing a fallopian tube are exceptionally rare

1. We recommend for strangulated and ischemic fallopian tube within a femoral hernia, an open approach for femoral hernia repair with salpingectomy for women past child-bearing age
2. We recommend diagnostic laparoscopy after open repair to ensure no other intra-abdominal pathology

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Disclosures

The authors declare that they have no relevant or material financial interests that relate to the research described in this poster