Diagnostic & Operative Challenges of Primary Femoroceles: An Interesting Case and Review of Literature

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INTRODUCTION

Femoral hernia is a protrusion of abdominopelvic content through the femoral ring into the femoral canal. Femoral hydrocele is a rare subtype, also known as femorocele whereby fluid collection is found within the femoral hernia sac. This is an uncommon differential for irreducible groin lumps – clinical examination along with cross-sectional imaging can assist physicians in clinching the diagnosis.

METHODS

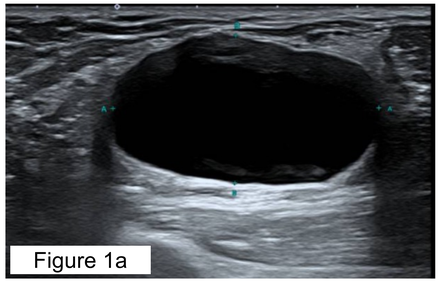
Our case patient is a 71-year-old female patient with a body mass index (BMI) of 21.2kg/m2 who initially presented to a General Practitioner with a two-week history of painless left groin lump after sustaining a fall three months prior. Examination reveals a 4 x 3 cm left groin lump along the medial aspect of the inguinal ligament - it is soft, irreducible, non-tender, non-pulsatile and cough impulse was negative.

Given the possibility of a groin hernia, patient was referred and seen in a General Surgery outpatient clinic. An ultrasonography (US) was performed in view of the clinical suspicion - it demonstrated a cystic lesion with a possible neck extending towards the left hip joint (Figure 1). Patient then proceeded with a magnetic resonance imaging (MRI) which showed a well-defined thin-walled cystic lesion in the subcutaneous left groin measuring 4.6 cm associated with a fat containing left femoral hernia, overall suggestive of a femorocele (Figure 2). Patient was counselled and agreeable to proceed with surgical repair.

RESULTS

The hernia specialist opted for a femoral hernia repair via the laparoscopic totally extraperitoneal (TEP) approach.

Intraoperatively, the myopectineal orifices were carefully dissected - it was noted that there was a left incarcerated femoral hernia containing large amount of preperitoneal fat and omentum. The hernia sac was identified and its content was reduced. A preperitoneal ropivacaine nerve block was administered. BD 3DMax™ 16cm x 10.8cm anatomical polypropylene mesh was inset and anchored around the hernia defect with GEM Glutack®, a synthetic biodegradeable cyanoacrylate adhesive for non-traumatic mesh fixation. The patient tolerated the procedure well with no complications, she was discharged home the next day and made an uneventful recovery in the community. There is no recurrence till date.


Figure 1a

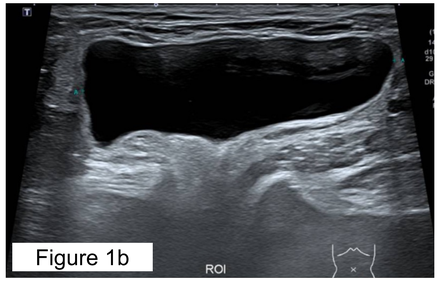


Figure 1b



Figure 2a

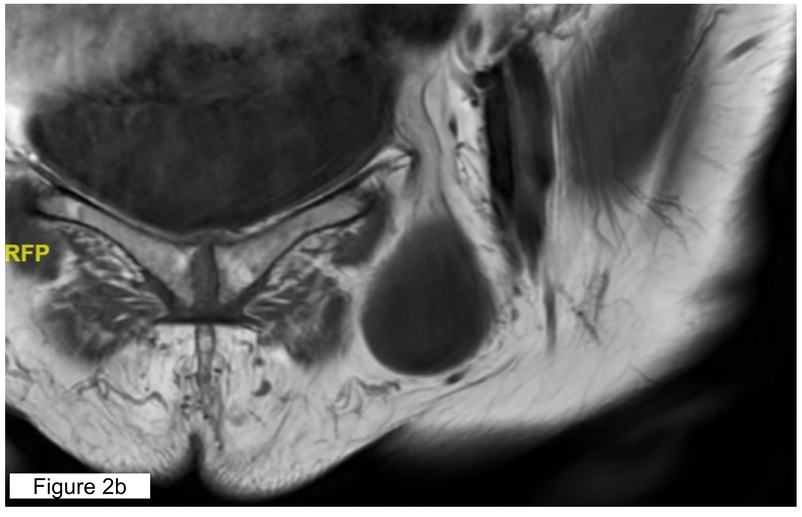
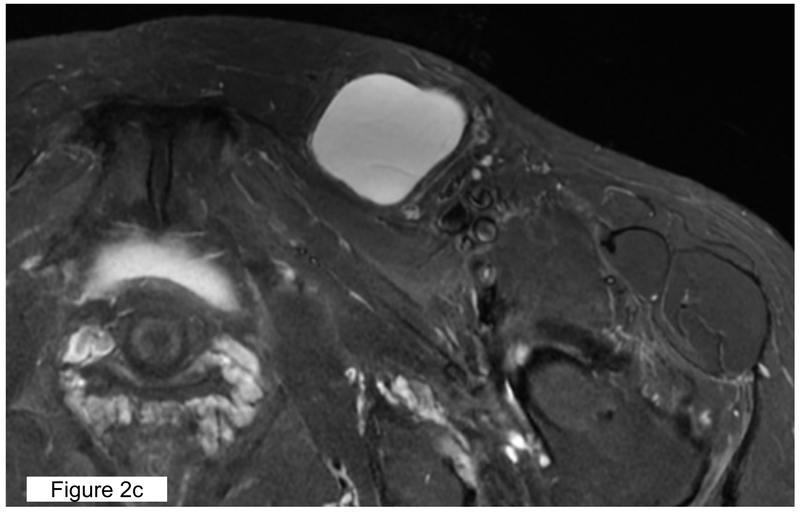


Figure 2b


Figure 2c

DISCUSSION

A comprehensive literature review was performed on this rare pathology – till date, there are total of 14 other cases reported in English literature. All documented cases of femoroceles were in females in their fourth to sixth decade, majority being unilateral right-sided pathology. Most reported cases are diagnosed either intra or postoperatively and were all treated with an open (low) approach except one that was robotic-assisted. Our presented case will be the first to be treated laparoscopically.

CONCLUSION

Despite the rarity, femoroceles should not be an overlooked differential. Physicians should be aware of this condition and surgical repair should not be delayed to minimise associated morbidity if left untreated. When in doubt, cross sectioning imaging can be helpful as demonstrated in our case to obtain the accurate diagnosis to guide appropriate management by the specialists.