INGUINAL HERNIA

MENTOR : DR. KISHAN RAO
PRESENTER : ASHMITA JAIN

DEMOGRAPHIC INFORMATION:

- Name: Mr. ABC
- Age: 63 years
- Sex: Male
- Occupation: Retired manual labourer (5 years ago)
- Religion: Muslim
- Address: Wadala, Mumbai
- Socioeconomic status: lower-middle class (Modified Kuppuswamy scale)

CHIEF COMPLAINTS:

Swelling in groin on both the sides for 3 years

- Pain in the groin for 1 month

HISTORY OF PRESENTING ILLNESS:

- The patient was apparently alright 3 years ago when he noticed a bilateral swelling in the groin which was insidious in onset, gradually progressed in size over 2 years to reach the root of scrotum.
- It was spontaneously reducible in the first 8-10 months but presently it is not reducible with/without manipulation.
- Patient also complains of mild intermittent pain in scrotum over 2 years with increase in severity since 1 month.
- Pain is aggravated on walking and coughing, and relieved on sitting or lying down position.
- It is dull aching in character and non radiating.

- H/o lifting 15-20kg weight at a time
- Known case of asthma with severe cough since 5 years

- No h/o difficulty in initiating micturition, poor stream, increased frequency, dribbling of urine, stress on micturition, increase or decrease with straining.
- No h/o constipation.
- No h/o abdominal surgery.
- No h/o vomiting associated with abdominal distention.
- No h/o acute severe pain associated with fever and redness over swelling.

PAST HISTORY:

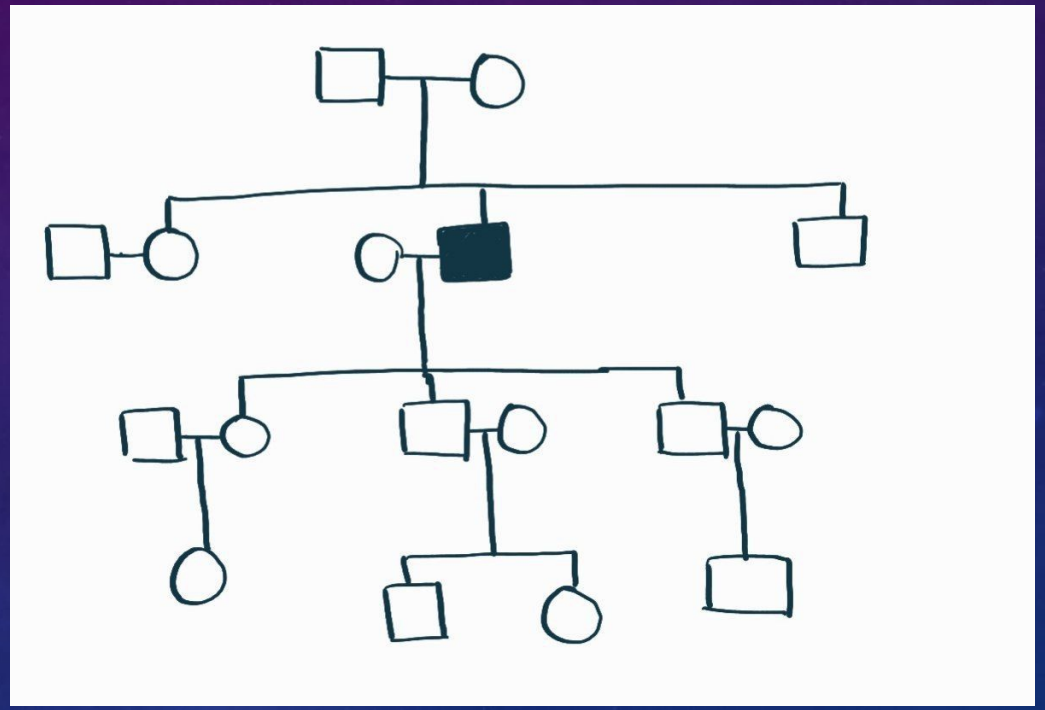
- K/c/o hypertension since 7 years, well controlled on Telma 40®
- K/c/o diabetes mellitus since 5 years on Gluconorm G1® with inadequate glycemic control
- K/c/o asthma since 5 years on Asthalin® s.o.s
- No h/o Koch’s/Koch’s contact/IHD/CVA

PERSONAL HISTORY:

- Normal appetite
- Consumes mixed diet
- No bowel or bladder complaints
- Normal sleep-wake cycle
- Bidi smoker since 40 years (1 pack a day)

FAMILY HISTORY

- Non-contributory



SUMMARY

63 years old gentleman, retired manual labourer by occupation, with smoking history of 40 years & a k/c/o asthma, diabetes & hypertension on medication presented with swelling in groin on both the sides since 3 years, initially reducible, now irreducible, associated with a dull aching non-radiating pain since 2 years with an increase in severity over the last 1 month. The pain aggravates on walking and coughing, and relieves on sitting and lying down.

GENERAL EXAMINATION:

- Conscious, cooperative, coherent, oriented to time, place and person.
- Moderately built and well nourished.
- Height = 160cm, Weight = 65kg
- BMI = 24.8kg/m^2

VITALS:

Pulse: 86 beats/min, measured in right radial artery in supine position

Respiratory rate: 18 cycles/min, abdominothoracic

- Blood pressure: 136/86 mmHg, measured in right brachial artery in supine position
- Temperature: 36.8 °C

No pallor

- No icterus
- No cyanosis
- No clubbing
- No generalised lymphadenopathy
- No pedal edema
- No skeletal deformity
- No dehydration

LOCAL EXAMINATION

Patient was examined with due consent and adequate illumination exposed from nipples to mid thigh examined in standing and supine positions.

INSPECTION: On both the sides,

- Globular shaped inguinoscrotal swelling measuring roughly 15 × 10 cm
- The positional extent was from above inner part of inguinal ligament to root of scrotum
- Size of swelling expands on coughing
- Overlying skin is normal with no evidence of redness, discoloration, wrinkling, dilated veins or scars
- Reduction on lying down absent
- Penis is central
- No visible peristalsis
- Other hernial orifices are normal

PALPATION: Inspectory findings were confirmed. On both the sides:

- No local rise of temperature
- Generalised tenderness present
- Shape: Globular
- Dimensions: 15 × 7 × 4 cm
- Position and extent: above inguinal ligament, medial to pubic tubercle
- Soft in consistency
- Expansile on coughing
- Testes could be felt separately
- Cannot get above the swelling
- Special tests viz. deep ring occlusion test, finger invagination test and Ziemann's test could not be elicited due to irreducible nature of the swelling

PERCUSSION:

Could not be performed due to tenderness over the swelling

AUSCULTATION:

No peristaltic sounds heard

DRE:

Not done

EXAMINATION OF TONE OF ABDOMINAL MUSCLES:

- No undue protrusion of lower abdomen on standing
- No Malgaigne’s bulgings seen
- Tone of abdominal muscles is normal

SYSTEMIC EXAMINATION:

RESPIRATORY SYSTEM:

Respiratory movements are equal on both sides

- Bilateral air entry equal
- Bilateral decreased breath sounds with prolonged expiration
- Bilateral wheeze
- No crepitations

ABDOMINAL EXAMINATION:

No scar marks

No organomegaly

No mass palpable

Respiratory movements are equal in corresponding quadrants

No tenderness

No ascites

- Bowel sounds present

- **CVS EXAMINATION**:
- S1, S2 heard

  No murmurs

- **CNS EXAMINATION**:

  No sensory or motor deficits

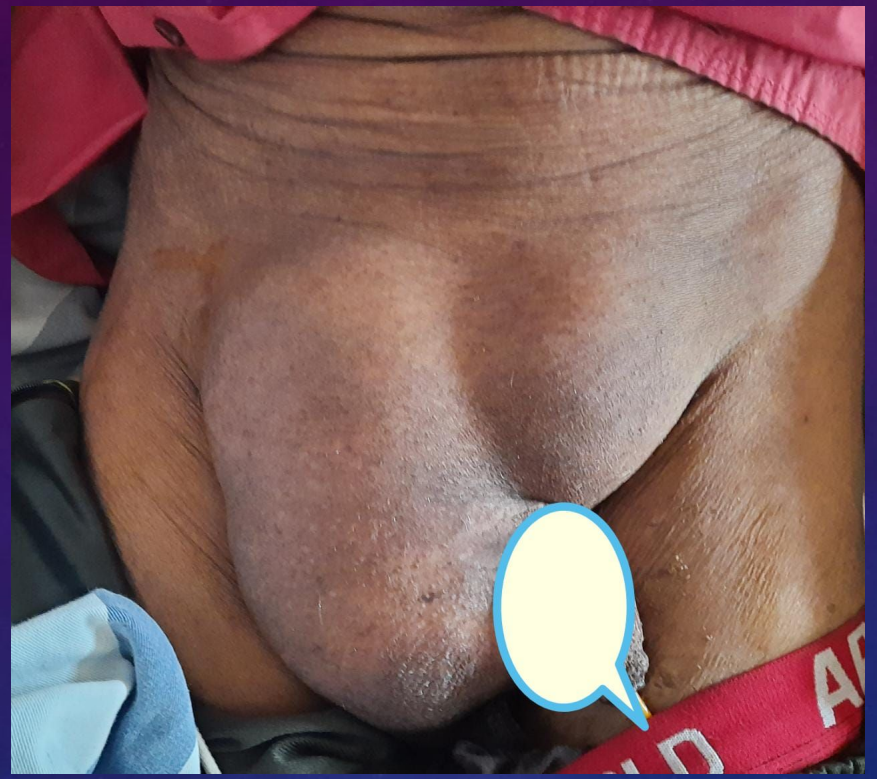
DIAGNOSIS:

Case of bilateral direct irreducible inguinal hernia with possible content being intestine and likely etiology being heavy weight lifting and chronic cough due to asthma.

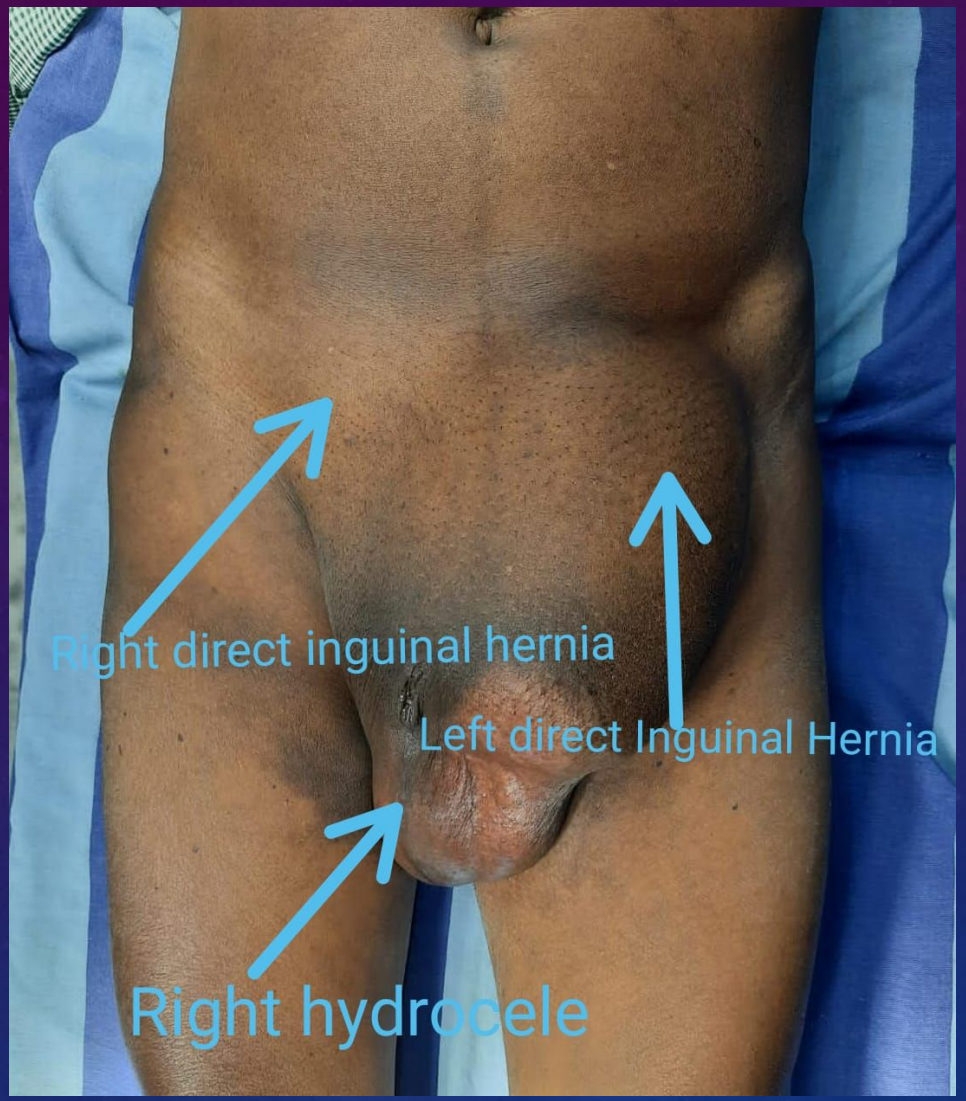
EHS classification : PM3

CLINICAL INSIGHT:

Bilateral Direct Inguinal Hernia



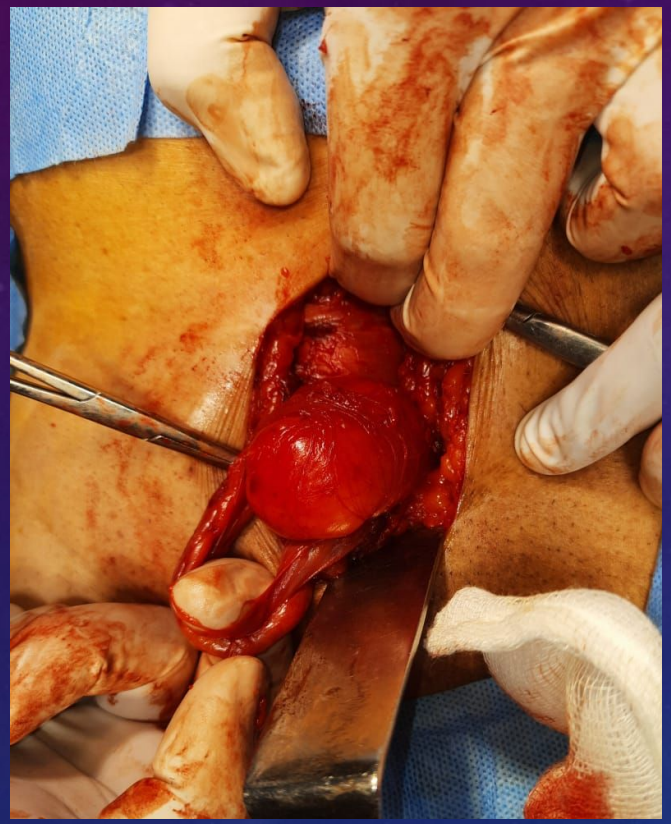
Bilateral Inguinal Hernia:
Complete on right side reaching the floor of scrotum
Partial on left side

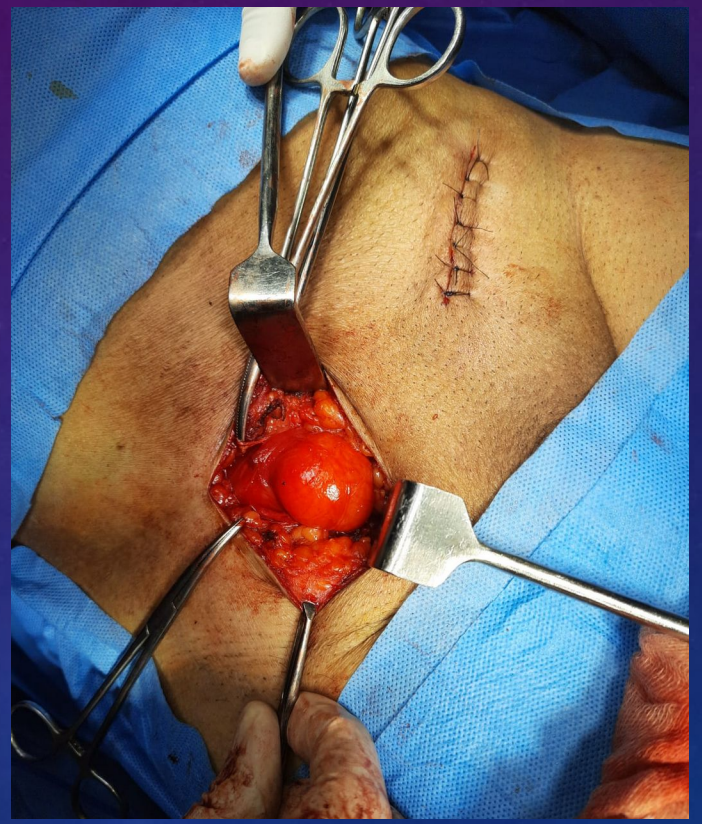


Long standing bilateral direct inguinal hernia with hydrocele

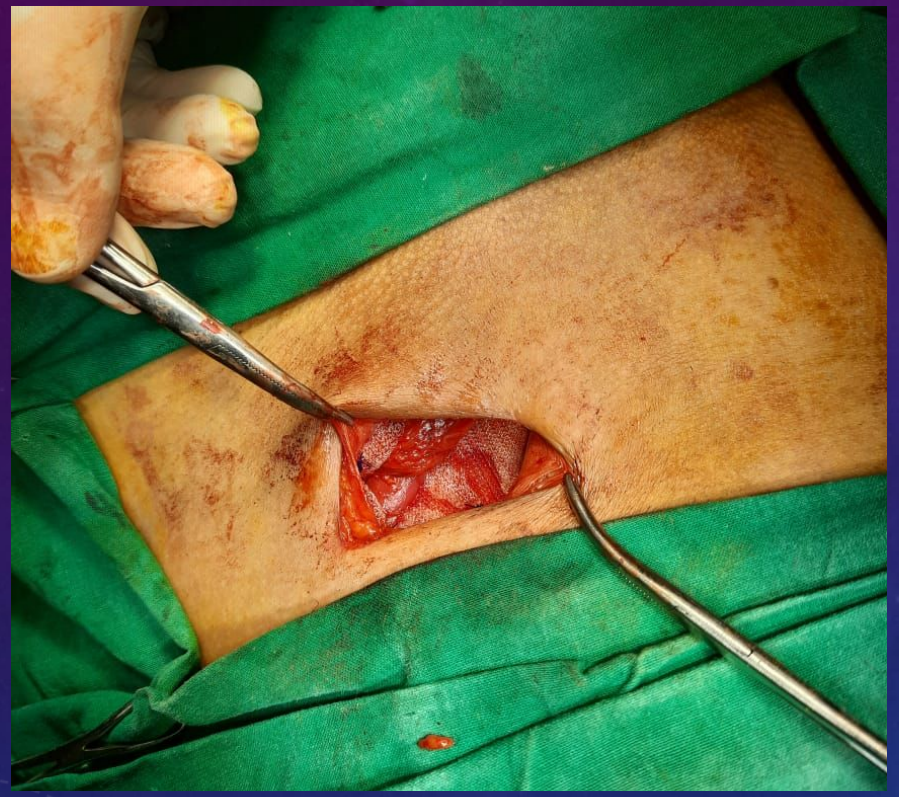
Demonstration of Cough impulse

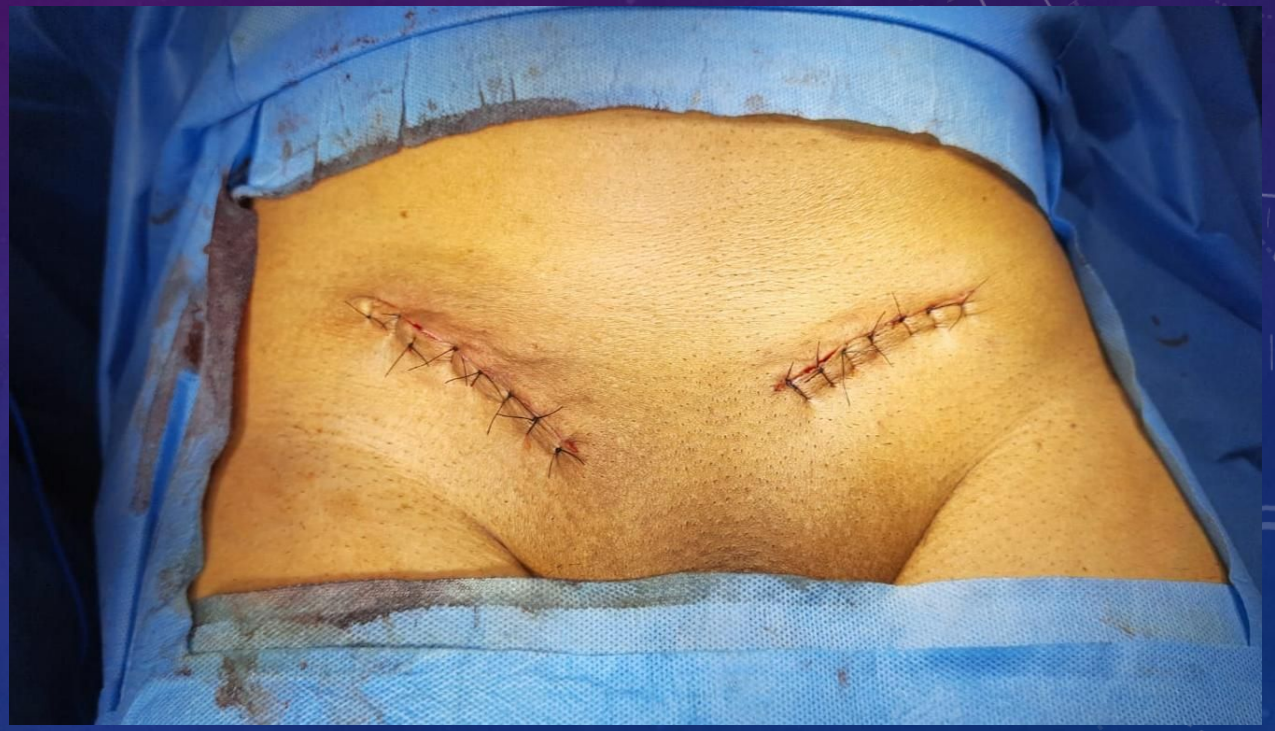
LICHTENSTEIN HERNIOPLASTY:





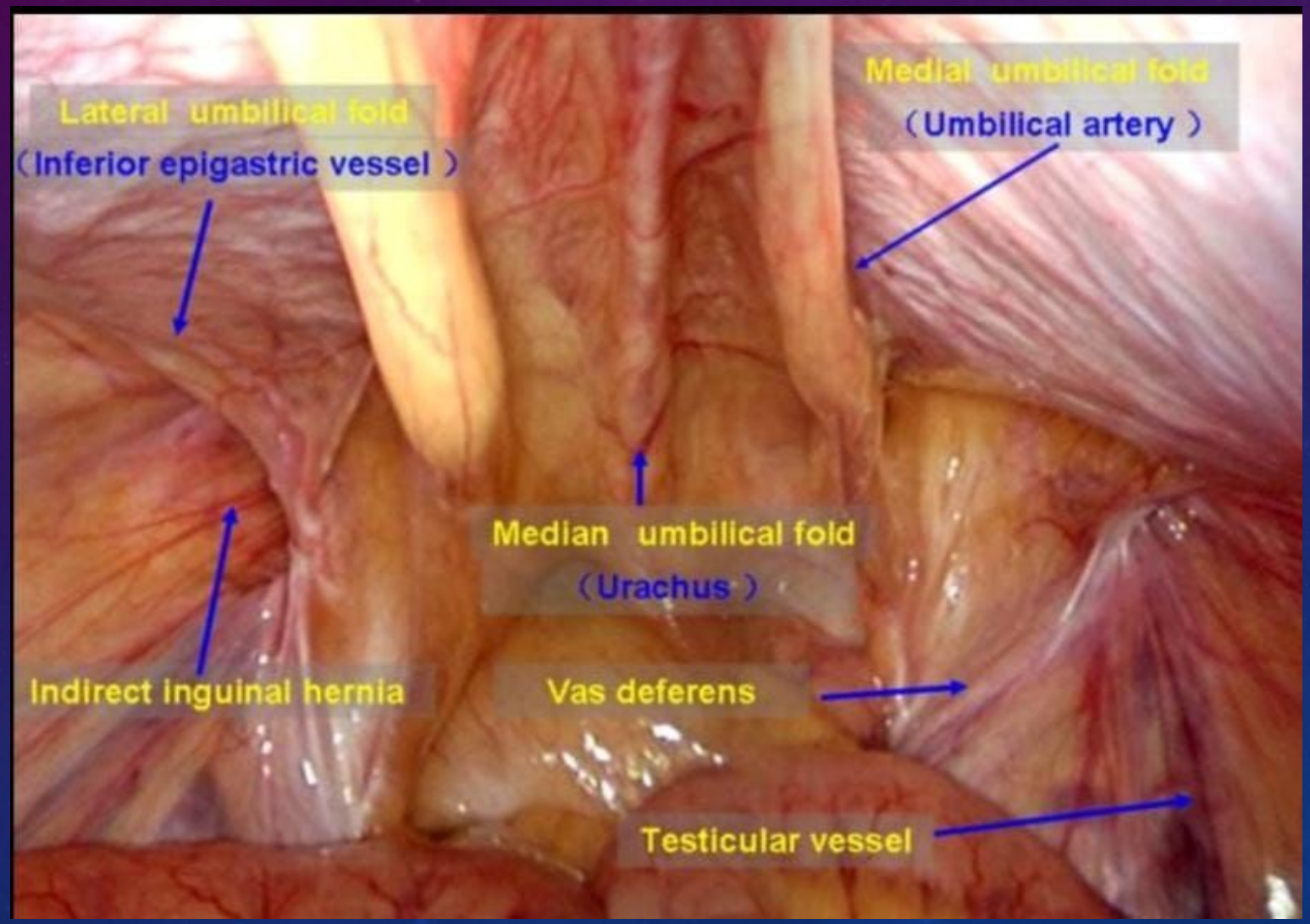
On-Table Photographs

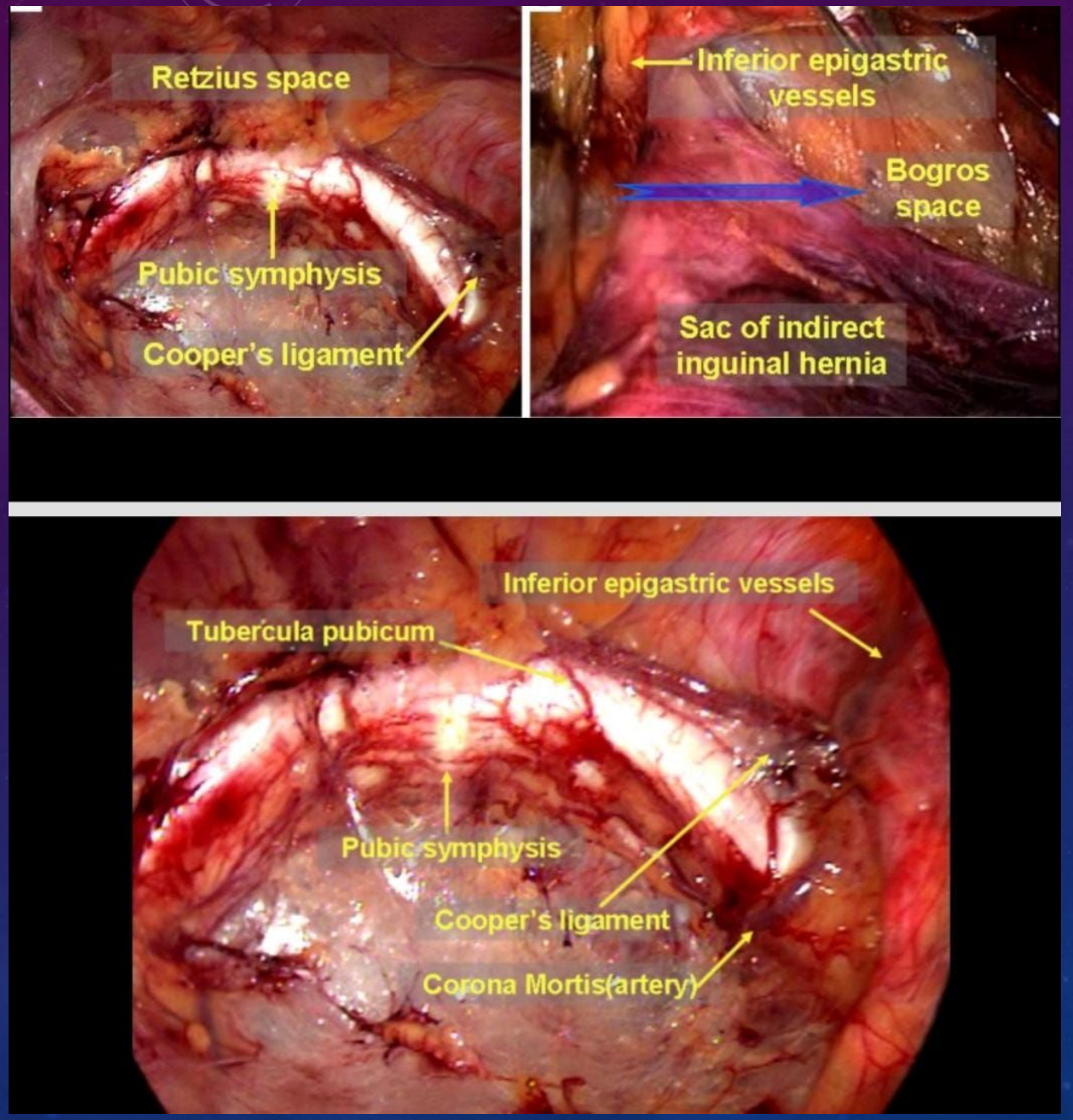




On-Table Photographs

SURGICAL ANATOMY




Retzius space
Pubic symphysis
Cooper's ligament
Inferior epigastric vessels
Bogros space
Sac of indirect inguinal hernia
Inferior epigastric vessels
Tubercula pubicum
Pubic symphysis
Cooper's ligament
Corona Mortis(artery)

THANK YOU

Sincere thanks to Dr Kishan Rao sir for the clinical photographs