

Strangulated Inguinal Hernia Revealed by Appendicular Peritonitis: Case Report

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Abstract

Case Report

Introduction: A strangulated hernia is a surgical emergency. Hernia strangulation is manifested by a hard, painful and irreducible inguinal swelling and requires emergency surgical treatment. In some cases, it can be revealed by pathology; hence its name of hernia symptom and the diagnosis will only be rectified by gesture. **Observation:** We report the case of 50 year old men with no particular pathological history, admitted to the emergency for management of a strangulated right inguinal hernia and whose surgical exploration revealed appendicular peritonitis. **Conclusion:** The diagnosis of strangulated inguinal hernia is a clinical diagnosis that most often does not require any additional examination. but in some cases it can be revealed by another pathology mimicking a strangulated hernia, the diagnosis of which is corrected during surgery.

Keywords: Strangulated hernia, peritonitis, hernia symptom.

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INTRODUCTION

Inguinal hernia (HI) has been reported as the second most common digestive surgical pathology after appendicitis (1-6). It is defined as the temporary or permanent spontaneous outcome through the inguinal orifice of the abdominal viscera outside the limits of the abdominopelvic region.

It can be acquired (hernia of weakness) or congenital (persistence of a peritoneal-vaginal canal (PVC)). It is a benign condition whose spontaneous evolution can be punctuated by serious complications, the first of which is hernia strangulation.

The term "hernial strangulation" refers to the permanent and tight brutal stricture of the organs contained in the hernial sac (intestinal, omentum, bladder horn, etc.) due to a narrow, inextensible and narrowed orifice. It can complicate or reveal a hernia. Strangulated inguinal hernias (HIE) constitute a diagnostic and therapeutic emergency due to the risk of occurrence of intestinal or gonadal necrosis. The delay in the surgical intervention involves the vital prognosis of the strangled organ and also that of the patient during

his evolution. Thus, any diagnosed HI must be operated.

In certain situations, which are rare, the hernia can be revealed by another pathology mimicking a strangulated inguinal hernia, hence its name hernia symptom, requiring emergency surgery to correct the initial diagnosis.

CASE PRESENTATION

We report the case of 50 year old men, known carrier of a right inguinal hernia, admitted to the emergency room for PEC of a right inguinal swelling, hard pain not impulsive to cough without stopping materials or gases. On clinical examination: conscious patient, hemodynamically and respiratory stable, afebrile, slightly distended abdomen with tympanic membrane, digital rectal examination: traces of stool. Biological assessment: HB: 12, GB: 11 CRP: 67.

The diagnosis of a strangulated right inguinal hernia was retained and the patient was admitted to the operating room. Surgical exploration by a right kelotomy gave rise to pus, hence the decision to convert to a median laparotomy above and below the umbilical

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putting in evidence of appendicular peritonitis, the patient benefited from an appendectomy with washing and drainage with a cure of the hernia according to Bassini (Figure 1). The postoperative follow-up was favorable and the patient was discharged on D4.

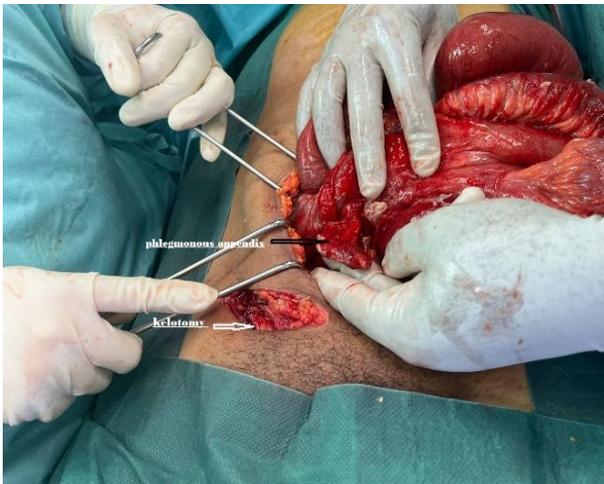


Figure 1: appendix peritonitis revealing an inguinal hernia

DISCUSSION

An inguinal hernia is a temporary or permanent spontaneous outcome through the inguinal orifice or through the transversalis fascia of a peritoneal sac that may contain abdominal viscera [1]. It can be congenital linked to the absence of obliteration of the peritoneovaginal canal after migration of the testis, or acquired linked to the weakening of the muscular and aponévrotique structures of the inguinal region. The inguinal hernia is a benign condition whose spontaneous evolution can be enamelled with serious complications including hernial strangulation. The term "hernial strangulation" refers to the permanent and tight brutal stricture of the organs contained in the hernial sac (intestinal, omentum, bladder horn, etc.) due to a narrow, inextensible and narrowed orifice. It can complicate or reveal a hernia [2]. Strangulated inguinal hernias (HIE) constitute a diagnostic and therapeutic emergency due to the risk of occurrence of intestinal or gonadal necrosis. The delay of the surgical intervention jeopardizes the vital prognosis of the strangled organ and also that of the patient during his evolution. Thus, any diagnosed inguinal hernia must be operated.

In certain situations, which are rare, the hernia can be revealed by another pathology, most often ascites of great abundance in the event of hepatocellular insufficiency or peritonitis mimicking a strangulated inguinal hernia, hence its name hernia symptom, imposing emergency surgery to correct the initial diagnosis.

CONCLUSION

Strangulated inguinal hernia is a very common surgical emergency requiring emergency diagnosis and surgical treatment without resorting to additional examinations that can delay treatment and jeopardize the vital prognosis. In rare cases, it can be revealed by another pathology that can mimic a strangulated hernia requiring emergency surgery to correct the initial diagnosis.

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