



AB176. 82. Case report— laparoscopic repair of an incarcerated femoral hernia in a male patient in a model 3 hospital in the southeast of Ireland

Saba Iram, Rick Pretorius

Department of Surgery, St. Luke's General Hospital, Kilkenny, Ireland

Background: Femoral hernia (FH) accounts for 2% to 4% of all groin hernias. Female-to-male ratio is 4:1. Approximately, 60% of FH occur on the right, 30% on the left and 10% bilateral. The incidence of strangulation reaches 38% in some reports and the most common presentation and surgical repair is in the emergency setting.

Methods: A 56-year-old male patient presented to the surgical outpatient department referred with a painful left groin lump, present for 3 weeks, appeared spontaneously, in the absence of any other symptoms. Clinical examination fitting with an incarcerated direct inguinal hernia. Decision made to perform a laparoscopic trans-abdominal pre-

peritoneal (TAPP) repair.

Results: During the repair, omental incarceration was found with difficulty in reducing contents. The hernia appeared to be indirect. Dissection of the pre-peritoneal space revealed the absence of an indirect hernia sac and the hernia arising from the femoral canal. The lacunar ligament was incised and the hernia sac with content was reduced. Anatomical mesh was placed and fixed. The post-operative course was uneventful and the patient was discharged 24 hours after the surgery with scheduled follow-up in the surgical outpatient department within 4 to 6 weeks.

Conclusions: This report re-emphasizes the importance of thorough examination of the hernia orifices in a patient presenting with acute abdomen and possibility of incarcerated femoral hernia should always be kept in mind in a case of tender swelling at the groin region even in case of male.

Keywords: Femoral; hernia; repair; laparoscopy

doi: 10.21037/map.2018.AB176

Cite this article as: Iram S, Pretorius R. Case report—laparoscopic repair of an incarcerated femoral hernia in a male patient in a model 3 hospital in the southeast of Ireland. *Mesentery Peritoneum* 2018;2:AB176. doi: 10.21037/map.2018.AB176