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De Garengéot hernia masquerading as a painless groin lump: a case report

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Background: De Garengéot's hernia is a rare subtype of femoral hernia in which the appendix is located within the herniated sac. These cases are important to report as both the diagnosis and treatment are quite challenging. We present a case of a 68-year-old gentleman with few months history of a lump in the right groin that gave him mild discomfort but no other symptoms. Initial investigations with an ultrasound did not prove to be helpful and so a plan was made to surgically explore the lump. The appendiceal tip was incarcerated within the hernial sac. The appendix was removed using an open inguinal incision with repair of the defect using a light weight partially absorbable mesh. It is important to consider the possibility of a DeGarengéot's Hernia as a differential diagnosis for patients presenting with a groin lump. The femoral hernias account for less than 3% of all hernias and have a rate of incarceration ranging between 5% and 20%. De Garengéot's hernias are femoral hernias with the appendix contained within the hernial sac. These are rare hernias, accounting for 0.5–1% of all femoral hernias. The presence of the appendix within a femoral hernia was first described in 1731 by René Jacques Croissant De Garengéot. The incidence of De Garengéot's hernia cited in the literature is fewer than 100 cases. De Garengéot's hernia is diagnosed most times randomly during surgery and should be distinguished from Amyand hernia, which is defined as inguinal hernia containing the appendix and is a more frequent surgical finding due to higher prevalence of inguinal hernias. There is little standardization in the literature regarding management, however, as was performed in our case, most authors agree that an appendectomy and hernia repair is the standard

treatment.

Methods: History and examination findings were used from the original notes in the patients confidential chart. While notes were used from the operation itself to illustrate findings and pictures were taken intraoperatively.

Results: Case Report hence no results were drawn.

Conclusions: De Garengéot's hernia poses a significant diagnostic challenge and that early imaging and high index of suspicion are key factors to diagnosing and subsequently treating this condition and though many approaches are mentioned in literature to remedy the situation, there is still need for a consensus which would require further research.

Keywords: Appendix; De Garengéot's Hernia; femoral hernia; inguinal hernia; inguinal lump

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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