GLOBAL SCIENCE LIBRARY

CASE REPORT

Journal of Clinical Case Reports and Reviews

Epiploic Appendix of the Sigmoid Colon Incarcerated in the Right Femoral Hernial Sac

Jurij Janež

Department Of Abdominal Surgery, University Medical Centre Ljubljana, Slovenia

Abstract

Femoral hernias are more common in female patients and are prone to incarceration. Incarceration of the colonic appendix epiploicae within the femoral hernia sac is a rare finding and is usually diagnosed during emergency surgery. This paper presents a case of an older female patient with incarcerated sigmoid colon appendix epiploicae within the femoral hernia sac.

Keywords: *Appendix epiploicae, Femoral hernia, Incarceration, Urgent operation*

Introduction

Inguinal hernia repairs are one of the most commonly performed operations by the general surgeons. Inguinal hernias are more common in males, whereas femoral hernias are predominant in females [1]. Other organs, beside small bowel, can also lie within the hernia sac, such as large bowel, omentum, appendix vermiformis, preperitoneal fat or even appendix epiploicae of the colon [2]. Colonic appendices epiploicae are adipose structures protruding from the serosal surface of the colon. Normal appendices epiploicae appear as lobulated masses of pericolic fat, usually 2-5 cm long and 1-2 cm thick [3,4]. This paper presents a case of an older woman, who presented to the emergency department with a bulge in the right groin, suspected to be an incarcerated hernia. Intraoperative finding was an incarcerated epiploic appendix of the sigmoid colon within the right femoral hernia sac.

Case Report

A 75-year old female patient was referred to the emergency department because of a bulge in the right groin, that was painful and could not be reduced. At clinical examination we found a bulge on the right tigh below the inguinal ligament, that was painful on palpation and could not be reduced. We suspected to be an incarcerated right femoral hernia. According to that we decided for urgent operation. The patient was sent to the operating room. During surgery we found an incarcerated right femoral hernia with a tubular structure within the hernia sac, which proved to be an epiploic appendix of the sigmoid colon. The epiploic appendix was resected and the femoral hernia repaired. The pospoperative course was unevenful and the patient was discharged from the hospital on the third postoperative day.

Discussion

A femoral hernia is an uncommon, acquired condition, which has been reported in less than 5% of all abdominal wall hernias, with a female to male predominance of 1.8:1. It is twice as common in parous as non-parous women. Approximately 60% of femoral hernias are found on the right, 30% on the left, and 10% bilaterally [1]. Epiploic appendixes were first described by Vesalius in 1543 as anatomic entities along the antimesenteric teniae coli [2]. Appendices epiploicae are fat-containing peritoneal out pouchings arising from the serosal surface of the colon. They can be found at any point between the caecum and rectosigmoid colon. Their length may vary between 0.5 and 5.0 cm. Epiploic appendixes may be involved in a number of disease processes such as epiploic appendicitis due to torsion or venous occlusion, acute and chronic inflammation secondary to diverticulitis or infarction and gangrene. Appendix epiploicae alone in the hernial sac is a rare entity and that too if hypertrophied and presenting as irreducible hernia is still more uncommon [5,6]. Our patient had an epiploic appendix of the sigmoid colon, incarcerated in the femoral hernia sac, which was diagnosed during emergency surgery. The epiploic apendix was removed and the femoral hernia repaired. The patient recovered without any complications and was discharged from hospital on the third postoperative day.

Conclusion

It is nearly impossible to preoperatively predict epiploic appendix in the hernial sac. Usually this is an intraoperative finding, but still the surgeons must be aware of this possible situation.

References

1. Sucandy I, Kolff JW. Incarcerated Femoral Hernia in Men: Incidence, Diagnosis, and Surgical Management. *N Am J Med Sci.* 2012;4:617-618.
2. Kulacoglu H, Tumer H, Aktimur R, Kusdemir A. Epiploic appendicitis in inguinal hernia sac presenting an inguinal mass. *Hernia.* 2005;9: 288–920.
3. Bandyopadhyay SK, Jain M, Khanna S, Sen B, Tantia O. Torsion of the epiploic appendix: An unusual cause of acute abdomen. *J MinimAccess Surg* 2007;3: 70-72.

4. Ghabremani GG, White EM, Hoff FL, Gore RM, Miller JW, et al. Appendices epiploicae of the colon: radiologic and pathologic features.*Radiographics.* 1992;12:59-77.

5. Jain M, Khanna S, Sen B, Tantia O. Irreducible inguinal hernia with appendices epiploicae in the sac. *J Minim Access Surg.* 2008;4:85-87.

6. Kalbhande JG, Sarang B, Mehre S, Gawankar D. Epiploic Appendagitis in an Irreducible Inguinal Hernia Presenting as an Inflamed Inguinal Mass. *Bombay Hospital Journal.* 2011;53:640-642.

Correspondence: Jurij Janež, MD, PhD,
Department of Abdominal Surgery,University Medical Centre Ljubljana,Zaloška Cesta 7, 1525 Ljubljana, Slovenia, Europe, E-mail: jurij.janez@gmail.com

Received: Jan. 22, 2018; Accepted: Feb. 10, 2018; Published: Feb 14, 2018

J Clin Case Rep Rev. 2018;1(1):1
DOI: gsl.jccrr.2018.00002