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Pantaloon Hernia Treated With Conventional Hernioplasty: A Case Report

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ABSTRACT

Pantaloon hernia is also known as a saddle bag hernia or Romberg hernia,here both direct and indirect inguinal sac are present and clinically present as a direct hernia is rare type of hernia mostly found in male patients with late complication like strangulated,incarcerated inguinal hernia.Conventional hernioplasty have better results with lesser complication in this type of hernia.This article aims to discuss about pantaloon hernia and conventional hernioplasty with posterior wall inforcement.It will also present a case study of 72-year-old male patient who suffered with left pantaloon hernia and Lichtenstein tension free mesh hernioplasty with posterior wall reinforcement done with excellent result.

Keywords-Pantaloon Hernia, Lichtenstein tension free mesh hernioplasty

I INTRODUCTION

वृद्धी (Hernia)

-भारहरणादिभिः कुपितस्तु अन्त्रवृद्धेः कारणमित्यर्थः । सु.नि.१२/३ डल्हण टीका

Antraj vriddhi is due to excessive exertion due to lifting heavy objects, falling from a tree etc., the air(vata) becomes agitated and this agitated air leads to the colon by creating a defect in a part of the colon and leads to the groin. Also, if the part is pressed, a gurgling voice is produced here and it goes to the upper part and enlarges, and if the pressure on it is removed, there is again a gurgling sound, and the enlargement is known as a aantra vriddhi.

Antraja Vriddhi Chikitsa

शोधयेत्रिवृता स्निग्धं वृद्धौ स्नहैश्चलात्मके। कौशाम्रतिल्वकैरण्डसुकुमारमिश्रकै ।। रसेन भोजितं यष्टितैलेनान्वासयेदनु ।। ततोऽनिलघ्निर्यहकल्कस्ने हैनिरुहयेत् स्वेदप्रलेपा वातघ्न। पक्केभित्त्वा व्रणक्रियाम् ।। (AH. Chi. 13/29-31)[1]

-Snehan chikitsa with trivrutta sneha

-Niruha basti chikitsa

-Anuvasan basti chikitsa with yashti tailam

-Vataghna pralepa application

A hernia is defined as an abnormal protrusion of an organ or tissue through a defect in its surrounding walls. Hernia defects may occur in various locations of the abdominal wall, but most commonly occur in the inguinal region. Hernias can occur at sites where the aponeurosis and fascia are not covered by striated muscle. As a result, the peritoneal membrane or hernia sac may protrude from the orifice or neck of a hernia. Lifetime occurrence of a groin hernia is 27% to 43% in men and 3% to 6% in women.[2] Inguinal hernia is the most common hernia 73% because the muscular anatomy is weak and also due to natural weakness like deep ring and cord structure.

Pantaloon hernia is also known as a saddle bag hernia or Romberg hernia,here both direct and indirect inguinal sac are present and clinically present as a direct hernia.Here both medial and lateral sac straddle the inferior epigastric artery,it is on either side of the inferior epigastric artery having both direct and indirect sacs.Incidence rate of pantaloon hernia in men 5% and 1.6% in females[3]. There are several hernia classification systems, perhaps, the Nyhus classification and Gilbert classification are the only ones (including the more recent European Hernia System) that may be assumed to consider pantaloon hernia as one of the subtypes, viz. Type 3b and Type 6 respectively[4]. The prevalence of a pantaloon hernia increases with age as does the risk of complications including incarceration or strangulation.[2] incarcerated pantaloon hernias caused a surgical emergency with high rates of laparotomy and bowel resection. Therefore, accurate diagnosis and early surgical treatment are important in treating patients with pantaloon hernia. We report a case of pantaloon hernia containing greater omentum and small bowel with sigmoid colon that was treated with Lichtenstein tension free mesh hernioplasty.

II REPORT

A 72-year-old male patient visited our hospital with a history of lower abdominal pain and bulging from a bilateral groin region since 2 years. His physical examination showed a bilateral inguinal bulge and pain. His abdomen was mildly distended with rebound tenderness and muscular defense. However, the bulge in the groin lesion could not be reduced manually,expansile cough impulse with a smooth surface and doughy consistency.Ultrasound of abdomen and pelvis showed bilateral large non obstructed non reducible inguinal hernias with defect size 5.1 cm on left side with herniation of bowel loop with omental fat . Based on these physical and radiological findings, the patient was diagnosed as having a bilateral inguinal irreducible hernia containing a small bowel loop. As there was clear indication for operation Lichtenstein tension free mesh hernioplasty done following preoperative evaluation on his general condition.An oblique incision taken parallel to left inguinal ligament,distorted anatomy of left inguinal region visualized,after dissection of spermatic cord, sac of both direct and indirect hernia visualized. Hernial sac exposed by removing surrounding adhesions, ileal loop and greater omentum was seen after opening the sac. Ileal loop inspected for vascularity, as there were no ischemic changes seen.content reduced in abdominal cavity. Sac transfixed and excised out.direct hernia sac identified and reduced with posterior wall reinforcement,Polypropylene mesh fixation done,layer wise closure done. The patient's postoperative course was uneventful, and he was discharged from our hospital 4 days after surgery.

III DISCUSSION

In this case our patient was diagnosed as having a left pantaloon hernia, the hernia content was small bowel and greater omentum based on ultrasonography findings. s. Therefore, we performed Lichtenstein tension free mesh hernioplasty after evaluation of his general condition. In general, there are higher rates of postoperative complications and mortality with emergency surgery than elective surgery. Especially, it has been reported that the incidence of postoperative complications in conventional emergency repair of incarcerated groin hernia ranges from 21 to 39%, with a mortality rate of 4–5% [3,5].We selected Lichtenstein tension free mesh hernioplasty in this case and observed good recovery without complications of mesh. The use of polypropylene mesh for incarcerated groin hernia also remains controversial. Several recent retrospective studies have shown that the use of mesh can be safe and effective in patients with an incarcerated groin hernia and that it reduced the recurrence but did not increase the opportunity for mesh infection [3,5]. Dai et al [6] reported that the use of mesh did not increase the infection rate in their cohort study. To determine whether mesh is a safe and effective treatment for incarcerated groin hernias, more patients as well as randomized controlled studies are required.

Study has reported the incidence of pantaloon hernia to be 1.8% in females and 5.6% in males [5]. It is believed that a large indirect hernia may cause dilatation of the deep ring leading to weakening of the posterior wall

which may cause bulging of the hernial sac on both sides of the inferior epigastric vessels leading to formation of pantaloon hernia [7]. A double hernia may not always be a pantaloon hernia but can also be present due to two indirect hernia sacs. There have been reports of these findings previously and hence, a deeper dissection and identification of the inguinal structures and canal is of utmost importance during hernia surgery. Misidentification or incomplete ligation of sac can lead to recurrence [8]. Pantaloon hernia clinically is seen almost exclusively in males and is identified by 2 distinct swellings in the inguinal region, one each medial and lateral to the pubic tubercle. In some cases, however, one of the hernias may be occult and not present clinically but identified intra operatively. The management, however, does not change but only involves adequate repair of both the defects [9]. Although there are several hernia classification systems, perhaps, the Nyhus classification and Gilbert classification are the only ones (including the more recent European Hernia System) that may be assumed to consider pantaloon hernia as one of the subtypes, viz. Type 3b and Type 6 respectively, once again underscoring the rarity of the condition in both genders.

IV. CONCLUSION

We consider Lichtenstein tension free mesh hernioplasty for pantaloon hernia to be an effective and economical and cost effective procedure for selected patient who have been diagnosed accurately,

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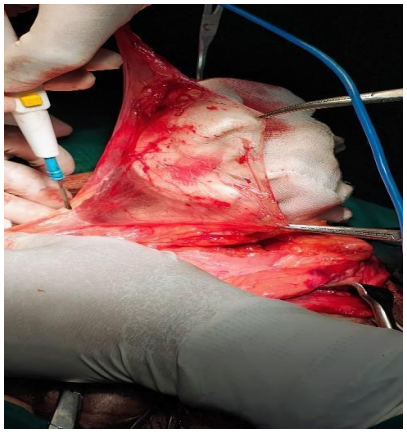
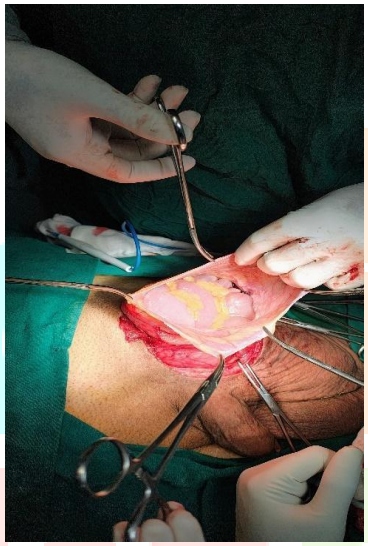
Preoperative image



indirect hernia sac dissection



Content-small bowel loops,sigmoid colon and omentum

postoperative day 2 image