

Spontaneous direct inguinal hernia rupture and intestinal mesenteric separation: A case report

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ABSTRACT

Spontaneous evisceration is a rare complication that becomes life-threatening in direct inguinal hernia. A female at the age of 44, weighing 50 kg looked cachectic and was suffering from swelling on the left groin for the last several years. The evisceration of the small intestine as separated from the mesenterium transpired in the subsequent stage of a spontaneous rupture in the left inguinal region after severe coughing. The region ruptured was sealed after small intestine resection carried out through the incision perforated; mesh herniorrhaphy was implemented at the end of the 3rd month. The spontaneous rupture may transpire depending on malnutrition and cachexia not only after the complications by hernia, such as incarceration, strangulation but also after factors increasing intra-abdominal pressure. Elective surgical treatment must be implemented in hernia regardless of its kind. Complications likely to transpire in cases where intervention is conducted too late may threaten the patient's life.

Keywords: Cachexia; malnutrition; mesenteric separation; spontaneous rupture direct inguinal hernia.

INTRODUCTION

The spontaneous evisceration is a quite rare case that is life-threatening.^[1] Direct inguinal hernia spontaneously ruptured from the skin and eviscerated small intestine separated from mesenterium are not common complications. Femoral hernia,^[2] recurrent inguinal hernia or incisional hernia^[3] where the spontaneous rupture is observed in this way are present in the literature. However, the spontaneous rupture of the primary direct inguinal hernia is a case encountered quite rarely. This case study presented the phenomenon of the primary direct inguinal hernia that gets ruptured against the skin in the subsequent stage of severe coughing.

CASE REPORT

A female patient, who weighs 50 kg and was 44, looked cachectic applied to the emergency department of Antalya Training and Research Hospital in June 2014, voicing com-

plaints of rupture on the left inguinal region and evisceration of the small intestine. The patient was examined in the emergency care services department; it was found that the patient, who was heavily under the cachectic influence, had been suffering from swelling on the left groin for several years, which was a long period of time, and it was recorded in her medical history that bleeding had occurred as the result of the fact that her intestines protruded since her skin got torn due to severe coughing one hour before the application. The patient and her family were questioned minutely regarding likely trauma and a juridical case; the skin rupture was determined not to be traumatic. HIV and tuberculosis were not detected in tests carried out; there was no drug addiction. There were signs of malnutrition and a well-circumscribed skin opening of 2 cm on the left inguinal region and evisceration of the small intestine segment were observed during the physical examination (Fig. 1a). The patient was immediately operated on; the small intestine segment at the length of 100 cm separated

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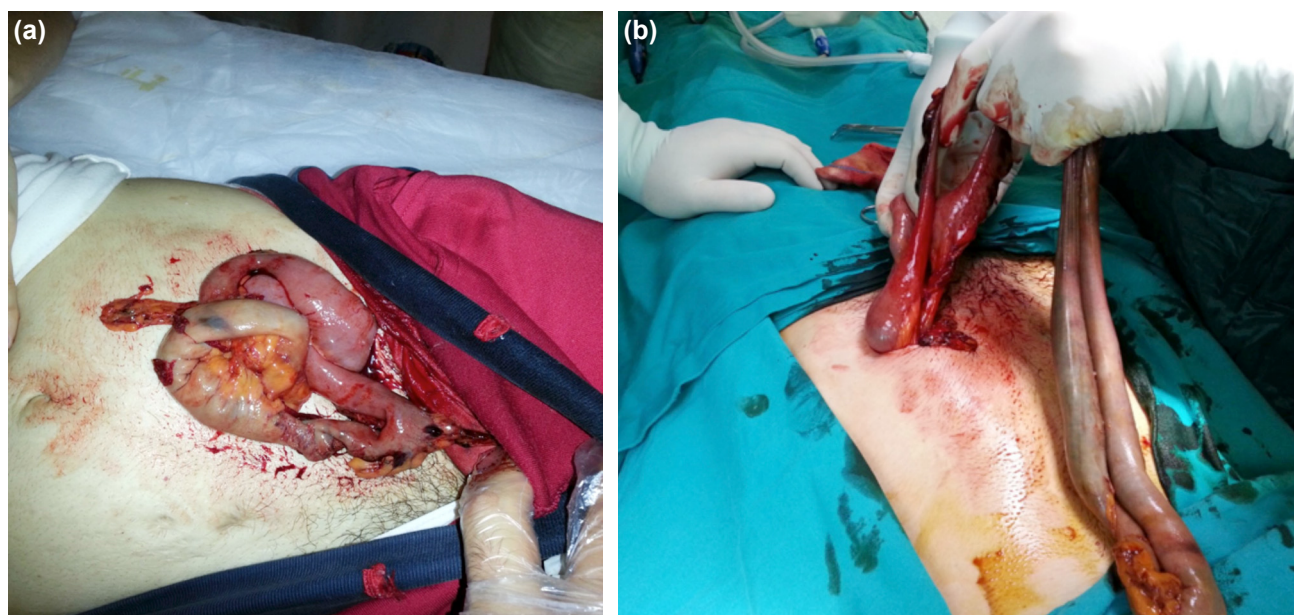


Figure 1. (a) Spontaneous direct inguinal hernia rupture. (b) Small intestine segment separated from the mesentery.

from the mesentery was resected through the perforated area of 2 cm without laparotomy implemented; enteroenterostomy was conducted end to end (Fig. 1b). The area of skin open on the left inguinal region was sealed by suture; the patient was nourished orally on the 3rd postoperative day and discharged from hospital on the 5th day in a healthy manner. The patient whose hernial sac was not intervened during the first operation due to infection risk, who did not display any complication in the follow-up period, underwent mesh herniorrhaphy at the end of the 3rd month with the left direct inguinal hernia being planned in advance, whose implementation was optional. No complication was observed during the follow-up period of the patient in the subsequent stage of the second operation.

DISCUSSION

Inguinal hernia constitutes approximately 75% of all hernia. It is seven times as common in men as in women^[4] and 1/3 of inguinal hernia is direct hernia.^[5] Not only perforation may progress in direct hernia due to incarceration, strangulation,^[6] but also spontaneous rupture may transpire.^[2,3] Intra-abdominal tuberculosis should absolutely be regarded among the reasons for intestinal perforation since it is common in developing countries in particular.^[7] No tuberculosis was detected in this case. In our case, the result of the pathology was the segmentation of small intestine encompassing ischemic alterations. Although the spontaneous rupture is theoretically likely to transpire in each kind of hernia, it has generally been reported in incisional hernia.^[7] The spontaneous rupture may transpire in cases that increase intra-abdominal pressure, such as constipation, coughing, straining, lifting heavy objects.^[8,9] Although the intestinal segment ruptured is generally affixed to the mesentery, it is observed in our case that an intestinal segment separated from the

mesentery was eviscerated. In our case where there was no previous abdominal operation history, it could be considered that cachexia, malnutrition and the person was too late for treatment might have increased the risk of the spontaneous rupture.

Elective surgical treatment must be implemented in hernia regardless of its kind. It must be kept in mind that complications are likely to transpire in cases where intervention is conducted too late may threaten the patient's life. Here, we have presented a well-managed, although rare, the case where obligation arose to conduct resection to the small intestine segment subjected to the spontaneous rupture, even separated from the mesentery.

Informed Consent: Written informed consent was obtained from the patient for the publication of the case report and the accompanying images.

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OLGU SUNUMU - ÖZET

Spontan rüptüre direkt inguinal herni ve intestinal mezenter ayrışması: Olgu sunumu

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Son birkaç yıldır sol kasık bölgesinde şişlik olduğunu bildiren 44 yaşında 50 kg ağırlığında kaşektik görünümlü kadın hasta aynı gün arka arkaya şiddetli öksürük sonrası sol kasığındaki direkt inguinal herni alanında eversion ve mezenter ayrışması olan ince bağırsak eversionu ile acil servise başvurdu. Hastaya eversione olan cilt insizyonundan segmenter ince bağırsak rezeksiyonu ve anastomoz yapıldı. Üç ay sonra fıtık alanı mesh takviye ile onarıldı. İnguinal hernilerde sadece inkarasyon ve strangülasyon nedeni ile değil kaşeksi ve malnütriyon durumlarında ani karın içi basınç artışlarında spontan rüptür ve eversion olabileceği akıldaki tutulmalıdır. Her tür fıtık türünde elektif cerrahi ile tedavi sağlanmalıdır. Aksi halde geciktirilen herni hastalarında gelişebilecek olan komplikasyonların hayatı tehdit edebileceği unutulmamalıdır.

Anahtar sözcükler: Kaşeksi; malnütriyon; mezenterik ayrışma; spontan rüptüre direkt inguinal herni.

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