Unusual contents of a large incarcerated inguinal hernia

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DESCRIPTION

An 85-year-old man presented with a 3-day history of profuse vomiting and lower abdominal pain. He was known to have a long-standing left inguinal hernia, which however had caused no pain or symptoms for many years.

On examination, his abdomen was soft, but to note was a marginally tender, large left inguinal scrotal hernia, which was irreducible ([figure 1](#)). A CT of the abdomen and pelvis was subsequently

Figure 1 Large irreducible inguinal scrotal hernia.

Figure 2 Large incarcerated left inguinal hernia containing a portion of the stomach resulting in very significant fluid-filled distension of the stomach.

Figure 3 Loops of small bowel within the left inguinal hernia but there is no obstruction of the small bowel.

ordered which proved diagnostic, revealing a very large incarcerated left inguinal hernia containing a portion of the stomach, an uncommon finding.

The coronal sections from the CT scan demonstrate the extent of the gastric dilation spanning from the level of the diaphragm down into the left-sided inguinal hernia ([figure 2](#)). The axial section demonstrates the herniated stomach deviating the penile shaft; furthermore it shows small bowel contents inside the scrotum ([figure 3](#)).

A nasogastric tube was immediately passed which drained 6.5 L of fluid over 4 h, and the patient was treated conservatively.

It is uncommon for the stomach to herniate through the inguinal canal; however, around 60 cases have been found in the literature, majority, prior to 1980.¹ It is possible, however, that the tension-free mesh repair, as described by Lichtenstein and Stoppa, led to surgical repair after this time.²

It is thought that long-standing traction on the greater omentum and its attachments may be responsible for the descent of the stomach into the hernial sac.³

Learning points

- ▶ Although now uncommon, it should be noted that a patient with symptoms of gastric outlet obstruction who has a large scrotal hernia, the possibility of a gastric herniation should be thought of.
- ▶ Radiological investigations are the gold standard and key for diagnosing such cases.
- ▶ An undiagnosed gastric outlet obstruction could lead to a perforated stomach.

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Contributors KP had managed to get the images as well as the clinical images and was involved in overlooking the content of the abstract. LF, JP and BF contributed to the history and writing the main abstract.

Competing interests None.

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