

Bowel prolapse following spontaneous rupture of a femoral hernia

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ABSTRACT This case presents a rare complication of the spontaneous rupture of a femoral hernia in an elderly woman without causing much systemic effect despite the herniated bowel being necrosed and perforated, giving rise to an enterocutaneous fistula. The small bowel had also prolapsed through the fistula opening, making it a very rare and alarming presentation.

Keywords: bowel prolapse, enterocutaneous fistula, femoral hernia, Richter's type, spontaneous rupture
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INTRODUCTION

While a femoral hernia presenting with complications is not uncommon, presentation with spontaneous rupture leading to enterocutaneous fistula is very rare. We report a patient who presented with intestinal prolapse through the fistulous opening following the spontaneous rupture of a femoral hernia.

CASE REPORT

A 66-year-old Iban woman presented to Sibiu Hospital, Sarawak, Malaysia with the complaint of a protrusion from her left groin for the past four days. A month earlier, she had noticed a painful swelling in her left groin, which she had thought was an abscess. Since she had no other symptoms apart from pain at the swelling, she had treated herself using traditional medicine. Four days before presentation, the swelling had burst and the intestinal contents had emerged from the wound. When the patient strained, a reddish and raw meat-like tubular structure protruded from the wound, which she managed to push back in and cover with some dressing. She ate as usual and her bowel movement was normal. She denied having any abdominal pain or vomiting. On the day of admission, the protruded part could not be pushed back and she decided to visit the hospital.

On examination, the patient was haemodynamically stable apart from mild dehydration. The abdomen was soft, non-tender and not distended, with normal bowel sounds on auscultation. A viable segment of the bowel, which seemed to be prolapsed inside out, was found to be protruding through a wound at the left groin (Figs. 1a & b). Laparotomy was carried out through the lower midline incision. The virgin peritoneal cavity was clean. A loop of the ileum adhered to the area where the prolapsed part was coming out (Fig. 2). There was a defect at the anti-mesenteric border of the bowel wall through which the proximal limb of the bowel had prolapsed (Fig. 3). The damaged segment was resected, and ileoileal anastomosis was performed. The femoral defect was repaired using non-absorbable suture.

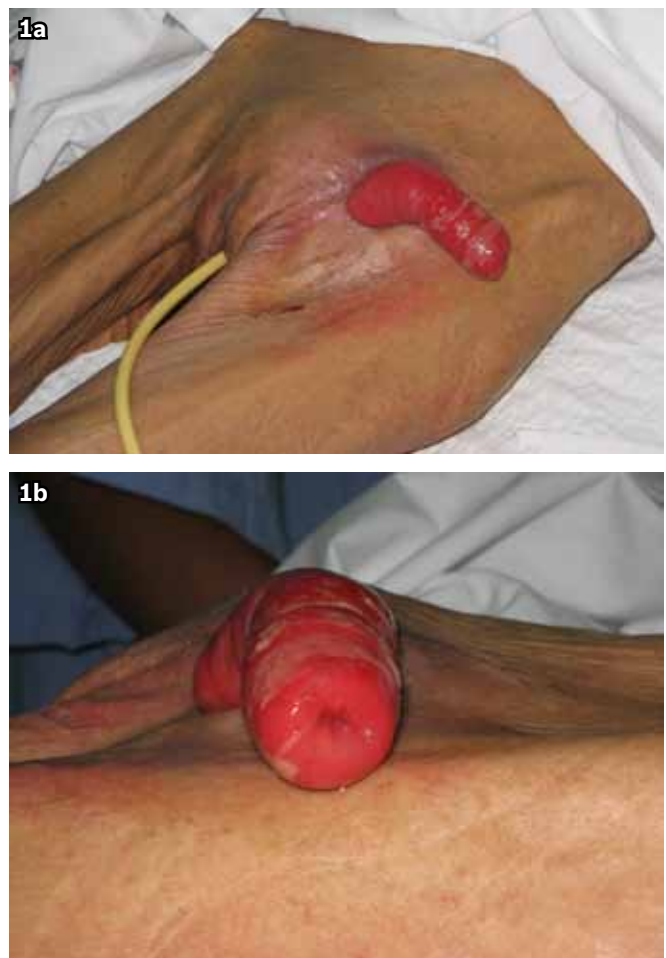


Fig. 1 (a) and (b) Photographs show the prolapsed bowel.

DISCUSSION

Spontaneous rupture of groin hernia leading to a faecal fistula is a very rare presentation. In 1938, Weinstein reviewed the literature and reported six cases of spontaneous faecal fistula arising from ruptured strangulated Littre's femoral hernia.⁽¹⁾ Steinke and Zellweger reported 11 patients from Kenya with faecal fistula

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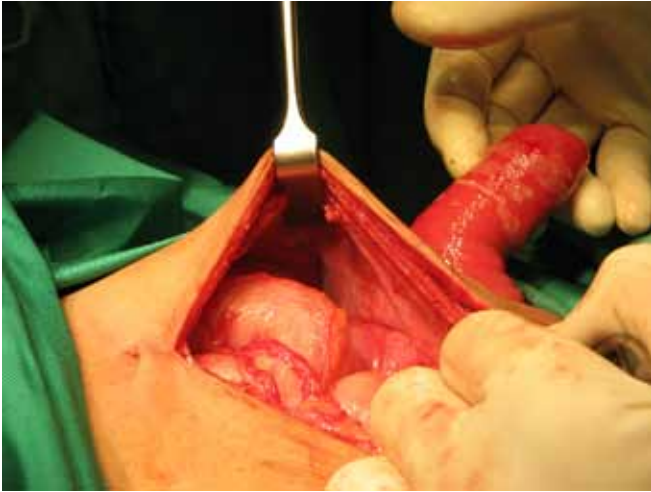


Fig. 2 Photograph shows a loop of the bowel stuck to the abdominal wall.

arising from advanced strangulated groin hernia.⁽²⁾ Parmar et al reported the case of a spontaneous rupture of an obstructed inguinal hernia with prolapse of a segment of the bowel through the wound.⁽³⁾ There are three more records of such rare presentations in the literature.⁽⁴⁻⁶⁾

Femoral hernia is more common in females and comprises up to 20% of all groin hernias in women.⁽⁷⁾ It very often strangulates, necessitating emergency surgery. Frequently, it is of the Richter's type, with incomplete involvement of the intestinal lumen and does not give rise to features of intestinal obstruction. In this case, the patient's bowel worked normally despite having a strangulated patch of the small bowel in the femoral hernia. The strangulated bowel wall eventually necrosed and a localised abscess was formed in the hernia sac. The overlying skin eventually gave way and the fistula was formed, followed by prolapse of the bowel.

In conclusion, this case reports a very rare presentation of femoral hernia that was successfully managed. It highlights the importance of early intervention of femoral hernia to avoid complications.

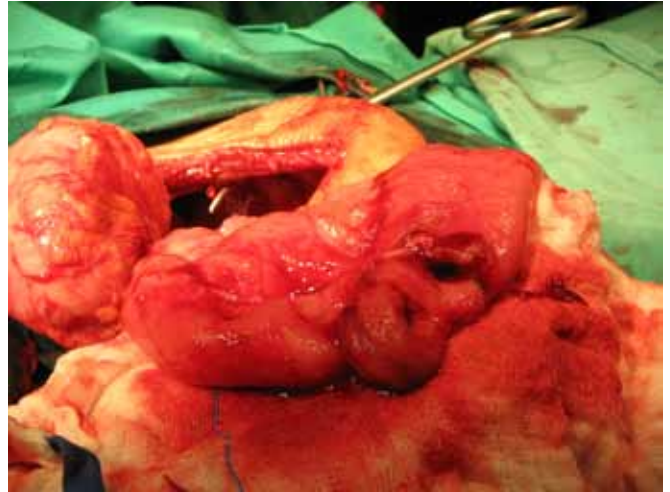


Fig. 3 Photograph shows the partially reduced prolapsed segment.

REFERENCES

1. Weinstein BM. Strangulated Littre's Femoral Hernia with Spontaneous Fecal Fistula: case report with a review of the literature. *Ann Surg* 1938; 108:1076-82.
2. Steinke W, Zellweger R. Richter's hernia and Sir Frederick Treves: an original clinical experience, review, and historical overview. *Ann Surg* 2000; 232:710-8.
3. Parmar G, Dabhoiwala T, Hathila VP. Uncommon Presentation Of Inguinal Hernia: Burst Obstructed Inguinal Hernia With Ileo-Ileal Intussusception. *The Internet Journal of Surgery* [online] 2008; Volume 15 Number 1. Available at: www.ispub.com/journal/the-internet-journal-of-surgery/volume-15-number-1/uncommon-presentation-of-inguinal-hernia-burst-obstructed-inguinal-hernia-with-ileo-ileal-intussusception.html. Accessed September 7, 2012.
4. Rai A, Kumar A, Pahwa HS, et al. Spontaneous Enterocutaneous Fistula – A Rare Presentation. *The Internet Journal of Surgery* [online] 2009; Volume 18 Number 2. Available at: www.ispub.com/journal/the-internet-journal-of-surgery/volume-18-number-2/spontaneous-enterocutaneous-fistula-a-rare-presentation-1.html. Accessed September 7, 2012.
5. Eni UE, Na'aya HU, Gali BM. Aetiology, management and outcome of entero-cutaneous fistula in Maiduguri, Nigeria. *Niger J Clin Pract* 2007; 10:47-51.
6. Samad A, Sheikh GM. Spontaneous fecal fistula: a rare presentation of inguinal hernia. *J Ayub Med Coll Abbottabad* 2005; 17:77-9.
7. Kark AE, Kurzer M. Groin hernias in women. *Hernia* 2008; 12:267-70.