

## Case Report


# A rare case of Pantaloon Hernia with Femoral Hernia in a Female

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|    | International Archives of Integrated Medicine, Vol. 8, Issue 9, September, 2021.<br>Available online at <a href="http://iaimjournal.com/">http://iaimjournal.com/</a><br>ISSN: 2394-0026 (P) ISSN: 2394-0034 (O) |
|   | Received on: 05-09-2021 Accepted on: 11-09-2021<br>Source of support: Nil Conflict of interest: None declared.<br>Article is under creative common license CC-BY   |
| <b>How to cite this article:</b> Pallavi Nair, Lakshmi S Rao, Nithya Shekar, Abdul Rehman Siddiqui, Chinmaya Ranjan Behera, Amaresh Mishra. A rare case of Pantaloon Hernia with Femoral Hernia in a Female. IAIM, 2021; 8(9): 68-70. |  |

## Abstract

About 30% of all female 'groin' hernias are femoral hernias, although often only diagnosed during surgery. A Lichtenstein repair though, as preferred treatment modality according to guidelines, would not diagnose and treat femoral hernias. For women, the lifetime risk of inguinal hernias is 3%. There are two methods of laparoscopic inguinal hernia repair - the transabdominal preperitoneal approach (TAPP) and the totally extraperitoneal (TEP) approach. The laparoscopic approach proves to be a more efficient way to evaluate for femoral and obturator hernias compared to the Lichtenstein repair. It is especially important to evaluate the femoral space endoscopically in women given the increased incidence of femoral hernias in this population.

## Key words

Pantaloon hernina, Femoral hernia, Female.

## Introduction

Inguinal hernias are the commonest hernias in males and females [1, 2]. Pantaloon hernia in female is even rarer [3, 4]. Reported incidence of pantaloon hernia is 1.6 %. Women are 3–4 times more likely to have an emergency groin hernia repair [5]. This is partly due to the fact that femoral hernias occur more frequently in women

and have higher risk of strangulation. In fact, the International Guidelines for groin hernia management recommend that groin hernia repairs in women be performed laparoscopically in order to avoid missing a femoral hernia [6]. In one study, 41.6% of women who underwent repair of recurrent inguinal hernia repair were actually diagnosed with a femoral hernia on

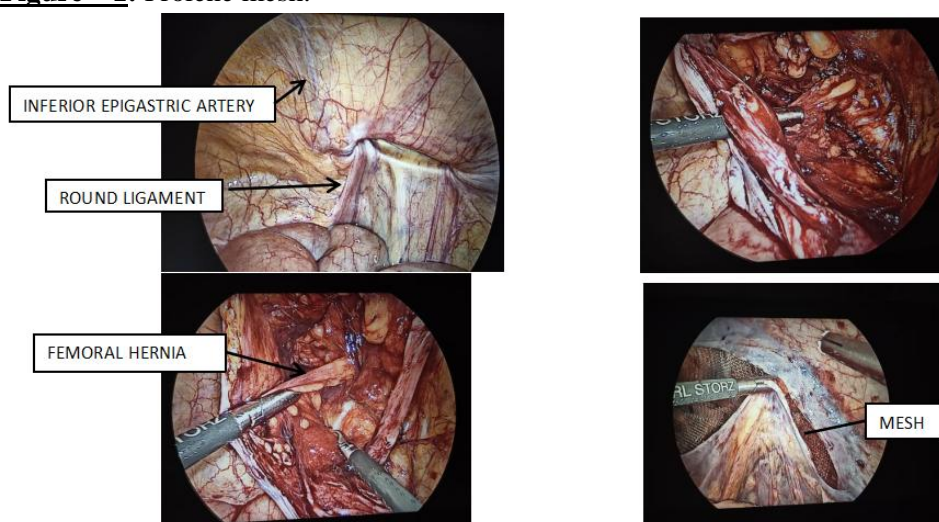
reoperation [7]. This suggests increased misdiagnosis of groin hernias in women and should lower the threshold of performing a laparoscopic repair. A 2019 study by Kockerling, et al. supports laparoscopic hernia repair in women on the basis that there are fewer postoperative complications in this population compared to open repair [8].

## Case report

A 72 years old female diabetic, hypertensive presented to Department of General surgery, Kalinga Institute of Medical Sciences, Bhubaneswar, with right inguinal swelling and

we made a clinical diagnosis of an right uncomplicated indirect inguinal hernia. She was planned for right transabdominal preperitoneal (tapp) laparoscopic mesh hernioplasty and intra-operative. she had a right pantaloon hernia coexisting with right femoral hernia. Intraoperatively she was found to have 3 hernial sacs - a direct sac which was empty, an indirect sac with small bowel as content and a femoral sac with peritoneal fat as content. Triangle of pain and triangle of doom visualized. 15x10 cm prolene mesh placed and secured by tackers (**Figure - 1**). Post-operative period was uneventful.

**Figure – 1:** Prolene mesh.



## Discussion

The rarity of direct and hence pantaloon's hernia in women can be explained by the anatomical differences in the inguinal canal and abdominal wall between males and females. During surgical repair of groin hernia in females the presence of a femoral hernia should always be excluded and if detected should be repaired.

## Conclusion

The proportion of femoral hernia in all groin hernia in female is higher than in male. Lap-endo technique such as tapp/tep definitely has diagnostic advantage than open technique. Hence all groin hernias in females preferably should be addressed by laparoscopic technique.

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