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A UNIQUE PAEDIATRIC SURGICAL CASE: CASE REPORT

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SUMMARY

We present a surgical case of femoral hernia in an infant girl, aged three months. We consider this case of particular interest for two main reasons: the differential diagnosis of a groin mass in an infant, which included femoral hernia actually confirmed during open surgery performed in an emergency situation. The second interesting finding is that within the hernia sac we did not find the bowel nor the bladder, but with our surprise the uterus and a fallopian tube were contained in the hernia sac. Lastly, we comment on the importance to document similar cases by intra-operative imaging. In our case the camera facility was not available in the theatre and we could not document this interesting case by imaging.

INTRODUCTION

At Chaaria Mission Hospital we are used to perform almost daily a number of different surgeries, including minor and major ones, both in paediatric and adult patients, often under emergency circumstances. The case we present here, revealed quite an unexpected and rare finding.

CASE REPORT

A three month-infant girl was brought by her mother to our hospital. The mother observed a groin lump one week prior to admission, which on pressure was quite painful, with the baby crying at palpation. There was no other complain. On examination, we found the baby in good general health status, without signs of dehydration, no fever, nor inflammation. She was breastfed and appeared to grow normally for age, the only abnormal finding was the lump in her left groin, painful on palpation, of hard consistency, tender and firm, without signs of skin inflammation.

A full blood count revealed mild leukocytosis and neutrophilia, with WBCs 18,000/microL, 80% neutrophils; ESR was 40 mm/h; HIV negative. No other recent medical history of note.

We performed an ultrasound that revealed an open femoral canal, with apparent herniation through its ring; a picture that was suggestive of an irreducible femoral hernia.

Since the lump could not be reduced, we were concerned about potential complications, such as strangulation of the hernia, perforation and peritonitis, with potentially life threatening consequences. Despite the very young age, and potential risks related to anaesthesia, including lack

in our facilities of a dedicated infant post-surgery intensive care unit, we considered the overall clinical picture in favour of performing an urgent surgical intervention, which the mother consented to.

During open surgery, performed by Lockwood's infra-inguinal approach, it was clearly confirmed that the mass was due to a femoral hernia, however within the hernia sac we did not find the bowel, or part of the bowel wall, nor part of the urinary bladder as expected often in similar cases. Indeed, with our surprise, we found in the herniated sac the uterus and the left fallopian tube. Although repair surgery was not a simple procedure due to the small hernia sac opening, we managed to successfully reduce in the abdomen the uterus and fallopian tube.

The infant tolerated well the general anaesthesia and was awoken without any complications. Also the post-operative period was unremarkable, and the baby was discharged on day five since admission.

DISCUSSION

It is estimated that only 1 in 20 of groin hernia are femoral ones, with the majority being inguinal ones. Femoral herniae are uncommon in childhood, accounting for less than 1% of all groin herniae, and are often below age of one. Pre-operative misdiagnosis ranges from 35% to 75%. This case represents indeed an uncommon occurrence in our experience, and reflects the rarity of similar cases described sporadically in the literature.

In conclusion, overall, this interesting case of femoral hernia in an infant girl was managed properly and with favourable outcome. The ironic remark is that unfortunately we did not have a camera in the

theatre to document this quite unexpected finding, relating to the uterus and left fallopian tube present in the hernia sac. Due to the emergency procedure, we could not focus on this during the intervention. However, for the future, this is a lesson learnt and we will consider keeping a camera in our theater, ready to document and share visual evidence, if any case of similar interest and rarity will present.

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