

An association of inguinal and pelvic hernia

A. Rana, G. Gurung, P. Mishra

Department of Obstetrics and Gynaecology, Department of Surgery, TU teaching Hospital

Correspondence to : Prof. Ashma Rana, Department of Obstetrics and Gynaecology, TU teaching Hospital

Background: An association of inguinal hernia and pelvic hernia (uterovaginal prolapse) documented for the first time establishes the myth of the age old teaching that pelvic organ prolapse could be related to other weakness of the other body muscles thus indicating pursuance of traditional teachings that consists in looking for hernial orifices during examination of prolapse.

Key words: Inguinal and pelvic hernia, hernial sites, uterovaginal prolapse.

Introduction

Pelvic organ prolapse is generally believed to be initiated just after the first child birth in many women delivering out of the health facilities in Nepal, premature bearing down with undue forceful pulling of the baby being applied by family members or neighbors usually are providing the assistance. There is some amount of accentuation of the uterine prolapse in women who start heavy work without taking adequate rest in the puerperium.

Among other etiologies of pelvic organ prolapse, the general muscular weakness is also believed to be one. In this context the primary teachings therefore has been documentation of the examination of hernial sites which completes the examination of uterovaginal prolapse. Through ages we have been translating this basic teachings that we have learnt and except for the for the rectal muscle weakness an association with hernia have never been sought which this case has established for the first time.

Case

A 45 years, Para 4 from Nuwakot was admitted with uterine prolapse for 25 years since the delivery of her first child which took place at home like all other birth, the last being 19 years back. Although the prolapse was present for a long time, this had been causing excessive difficulty during evacuation of urine for the last 3 years.

On examination, there was indirect inguinal hernia which looked like femoral hernia. There was a third degree uterovaginal prolapse with cystocele and rectocele.

Under spinal anesthesia, vaginal hysterectomy and pelvic floor repair was accomplished with slight difficulty because

of oozy field. Blood loss during surgery was 500 cc. At the end of the surgery vagina was tightly packed using 2 ribbon gauze. During surgery ciprofloxacin 200mg was infused followed by metronidazole 2 gm which is routine for all the gynecological surgeries in our department. The gross uterocervical length of the specimen was 14 cm.

After this Surgeons were called for the repair of indirect inguinal hernia. The surgical procedure consisted of opening the inguinal canal and exposing the hernia sac which was excised completing herniorrhaphy without any problem, not even requiring a drain.

The day next to surgery, vaginal pack and Foley's catheter were both removed.

On the third post operative day, there was urinary retention with the development of fever with chills and rigor. High vaginal swab was collected and recatheterization was done, sending urine for culture and sensitivity along with high vaginal swab which grew E coli, sensitive to ceftriaxone, Cephalexin and gentamycin. Hence I/V ceftriaxone was given 1 gm 12 hourly along with metronidazole.

As the temperature did not subside a pelvic examination was done which gave the impression of cuff cellulites followed by ultrasound which was suggestive of pyocolpos as there were multiple air pockets between rectum and the bladder, along with heterogeneous lesion measuring 7.3 x 5.9 x 7.3. Under ultrasound guidance, 18 G needle was introduced in the center of the pelvic pus pocket in the vaginal vault and 50 ml of thick pus was drained on 7th post operative day.

With the drainage of cuff abscess and antibiotic support, fever subsided so the catheter was removed and as there was the resolution of the urinary problem and retention of urine was discharged on 17 post operative days.

Discussion

Inguinal hernia is like a Pandora's Box where ovulating ovary, uterine tubes with ruptured ectopic pregnancy, paraovarian cyst, uterus as mullerian remnant, mixed mesodermal tumor and above all endometriosis have been found.¹⁻⁸

Sometimes these inguinal hernia have been associated with leiomyoma and ovarian tumour.⁹ Such association with uterovaginal prolapse has not yet been published; hence this case is reported here.

However, not infrequently, terminologies like pelvic hernia has been applied for uterovaginal prolapse, the reparative process henceforth referred to as pelvic / perineorrhaphy that sounds similar to one of the hernias, though pelvic and inguinal hernia being so diverse in aetiology and presentation.¹⁰⁻¹¹

Conclusion

One must look for hernia in other sites in presence of pelvic hernia.

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