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Challenge In Managing Asymtomatic Large Bilateral Inguino-Scrotal Hernia : A Case Report

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INTRODUCTION

- Inguinal hernia is a common surgical disease. However, large inguino-scrotal hernia is a rare clinical condition.
- Its impose morbidity to patient such as intestinal obstruction and scrotal ulceration.
- The diagnosis of large inguinoscrotal hernia is straight forward on clinical examination.
- Its also creates significant challenge in surgical management with main concern of hernia reduction to abdominal cavity is development of abdominal compartment syndrome (ACS).

CASE REPORT

A case of **74-year-old male** with **bilateral large inguinoscrotal hernia** for almost **15 years**. He presented to our **outpatient** clinic with **pain due to fall from motorbike**. He is also have **lower urinary tract obstruction symtoms** and **constipation**. On examination, theres **large inguino-scrotal hernia with measurement left side scrotal size of 25cm and right side 15cm.** Per rectally theres a large firm prostate of measurement volume 150cm^3. Findings was confirmed with **CT scan** that revealed **bilateral large inguino-scrotal hernias with small bowel content and omentum and prostomegaly (BPH;benign features).** He underwent **bowel reduction, left omentectomy with bilateral mesh repair**. Post operative patient had mild- moderate abdominal pain but controlled with adequate analgesia and **small postoperative scrotal hematoma** that was **treated non-operatively** and resolved within few days. He was then refered to urologist upon discharged and treated with medications.

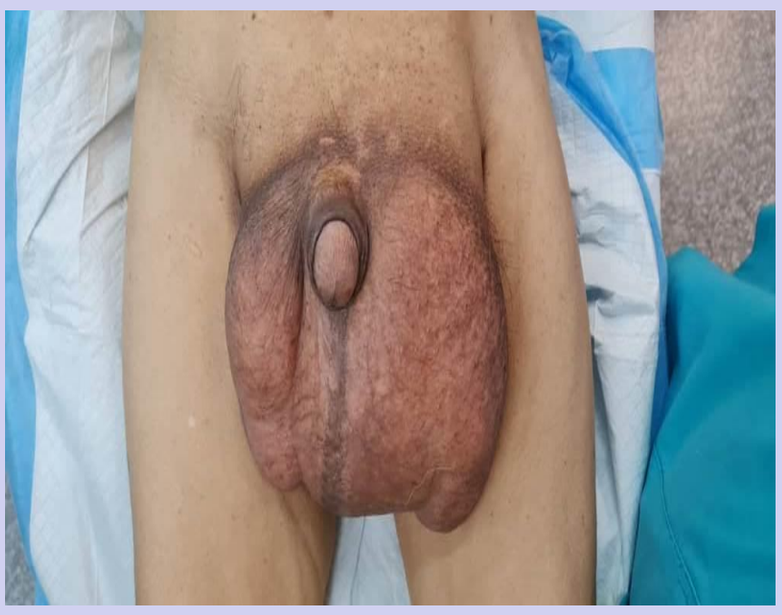

FIGURE 1: *On examination, theres large inguino-scrotal hernia with measurement left side scrotal* size of 25cm and right side *15cm*.

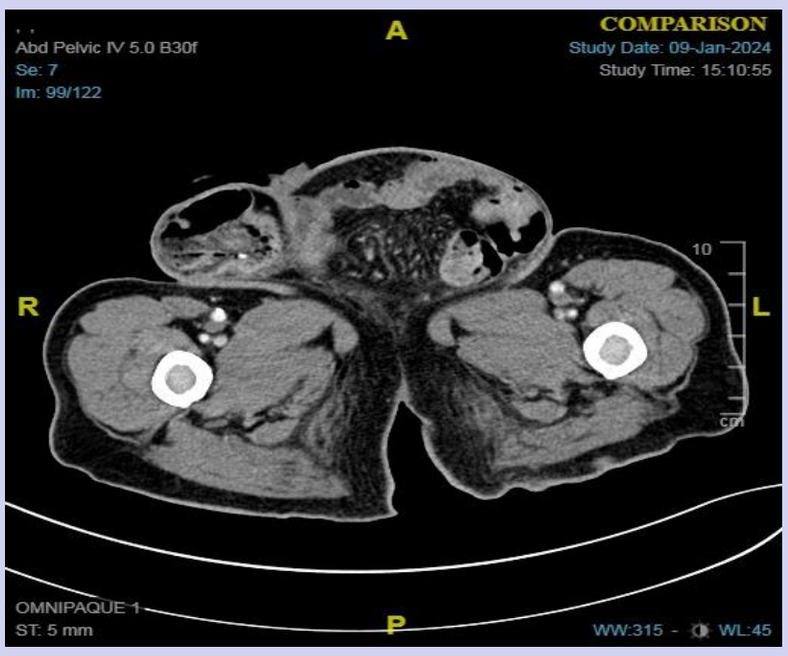

FIGURE 2: *Computed Tomography (CT) scan that revealed bilateral large inguino-scrotal hernias with small bowel content and omentum*

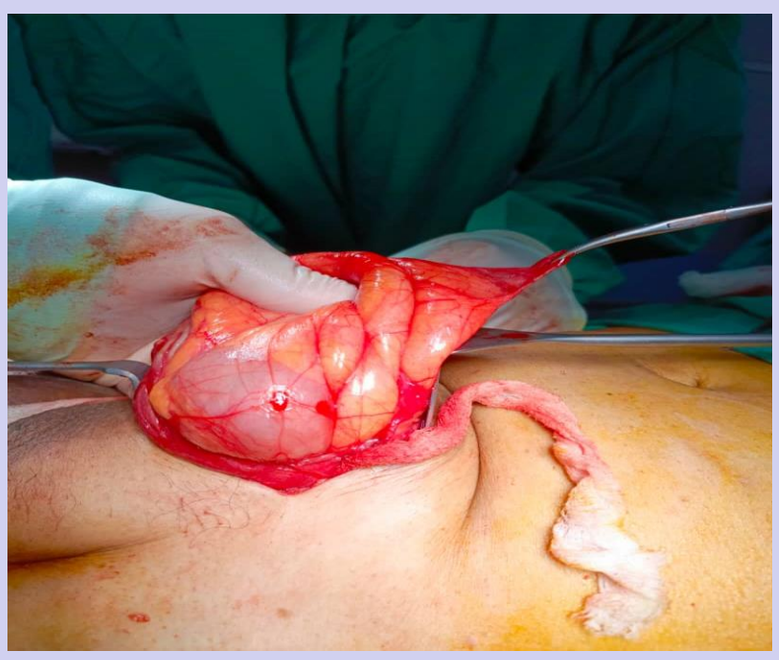

FIGURE 3: *Intraoperative :Bowel reduction, left omentectomy with bilateral mesh repair*

DISCUSSION

Giant inguinal hernia is more **unusual** and **significantly challenging in terms of surgical management**. It is **categorized into three types** depending on its **location** and **choice of operations**. **Surgical techniques**, in addition to **forced reduction** with **simple hernioplasty**, are resection of contents and intra-abdominal volume increase procedure, combined with repair of hernia.

Common complication postoperative is **scrotal hematoma**. Another common complication is **intraabdominal hypertension** that can **immediately develop** after reduction of contents or later in the postoperative period due to ileus of the bowel. **Excessive increase of intra-abdominal pressure** generally affects regional blood flow in abdominal cavity, other organs outside abdomen, as well as the cardiovascular and respiratory systems. **Intrathoracic pressure** is **raised** as a result of **cephalic displacement of diaphragm** through the increase of intra-abdominal pressure. Venous return, cardiac output and blood pressure are decreased by this phenomenon. Therefore, **vital signs** and **urine output** should be **closely monitored**.

As **conclusion** for the case, bilateral **large inguinal-scrotal hernia** can be treated safely with **simple hernioplasty**. However, patient should be monitored vigilantly for features of bowel complications during the postoperative period. **Pre-operative Computed Tomography (CT) scan** assessment is very **important** to improve **visualization of the hernia defect**, **accurate assessment of size** and **content** and to rule out any bowel-related complications.

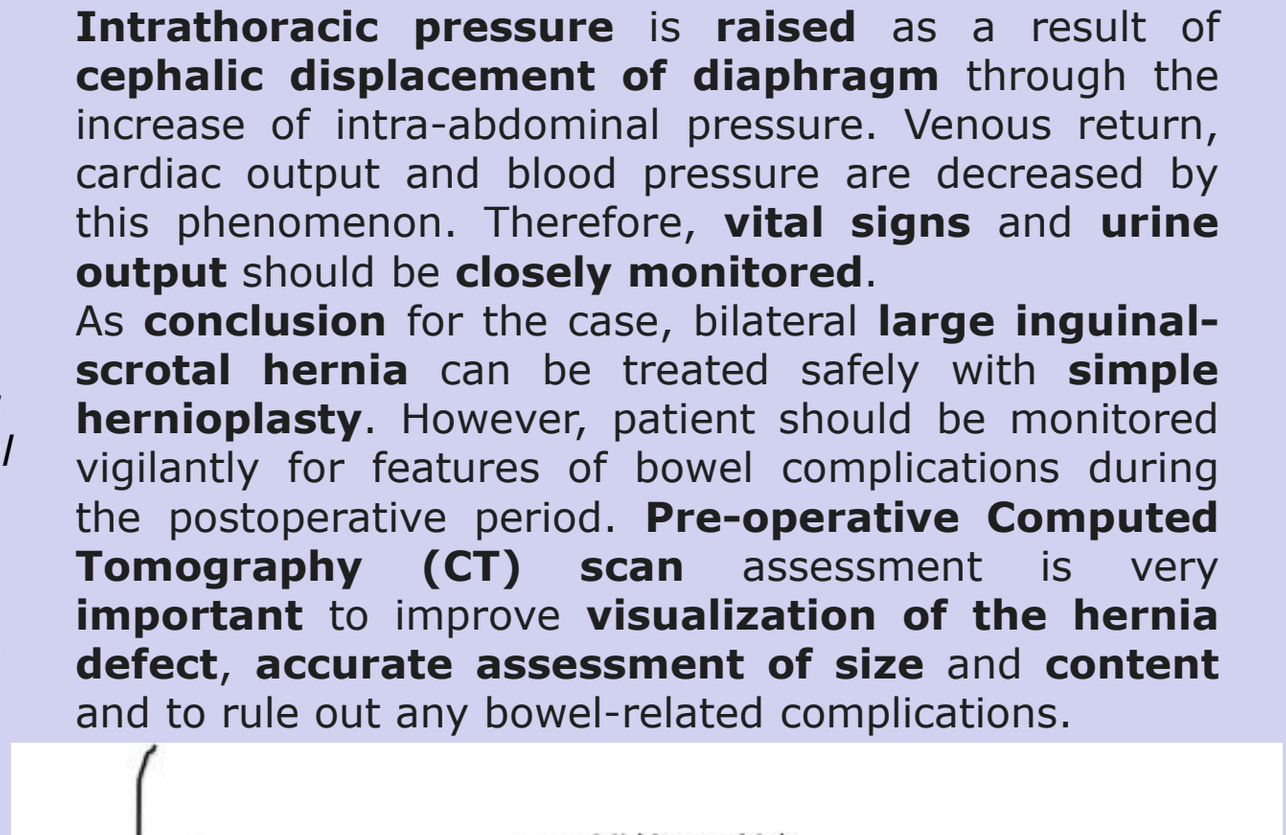

FIGURE 4 : *New classification of giant inguinal hernia and recommended procedure*

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