



Huge Inguinal Hernia: A Case Report

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Abstract

Introduction: Inguinal hernia is a commonly encountered surgical condition, but giant inguinal hernias are rare and usually seen in neglected cases. These hernias gradually increase in size and may extend into the scrotum, leading to discomfort, difficulty in daily activities, and risk of complications like obstruction or strangulation.

Methods: We present a case of an elderly male who came with a long-standing swelling in the inguinal region that had progressively increased in size. Clinical examination and ultrasonography were performed to confirm the diagnosis. After routine evaluation, the patient was planned for surgical repair.

Results: Examination showed a large inguinoscrotal swelling with partial reducibility and a positive cough impulse. Imaging revealed herniation of bowel loops and omentum. The patient underwent open mesh repair (Lichtenstein hernioplasty). The postoperative period was smooth, with good recovery, relief from symptoms, and no immediate complications.

Discussion: Giant inguinal hernias can be challenging due to their size and long duration. Reduction of contents and restoration of abdominal domain require careful surgical planning. Mesh repair is considered the standard treatment due to its strength and low recurrence rate.

Conclusion: Even large, long-standing inguinal hernias can be successfully treated with timely surgical intervention. Early diagnosis and proper management play a key role in preventing complications and improving patient quality of life.

Keywords: Inguinal hernia, Giant hernia, Hernioplasty, Scrotal hernia, Surgical management

Introduction

An inguinal hernia is defined as the protrusion of abdominal contents through a weak point in the inguinal canal. It is a common condition, especially in males. While most hernias are small and treated early, neglected cases may grow significantly in size and develop into giant inguinal hernias.

A giant inguinal hernia is typically defined as one that extends below the midpoint of the inner thigh in standing position. These hernias are associated with complications such as difficulty in reduction, loss of abdominal domain, and increased surgical risk. Surgical repair remains the definitive treatment and requires careful preoperative and postoperative management.

Case Report Patient Profile

Name: Baburao Mete **Age/Sex:** Elderly male **Occupation:** Not specified

Chief Complaints

- Swelling in inguinal region since long duration
- Gradually increasing size of swelling
- Discomfort and difficulty in walking

History of Present Illness

The patient was apparently asymptomatic several years back when he noticed a small swelling in the inguinal region. Over time, the swelling gradually increased in size and extended into the scrotum, eventually forming a huge inguinal hernia.

Initially, the swelling was reducible but later became difficult to reduce. The patient complained of heaviness and discomfort, which interfered with daily activities. There was no history of acute abdominal pain, vomiting, or symptoms suggestive of obstruction or strangulation.

Past History

- No significant past medical history
- No previous surgical intervention for hernia

Personal History

- Mixed diet
- Normal bowel and bladder habits

Family History

- Not significant

Clinical Examination General Examination

- Patient conscious and oriented
- Afebrile
- Vital signs stable
- No pallor, icterus, cyanosis, or edema

Local Examination



Inspection

- Large swelling in inguinal region extending into scrotum
- Skin stretched over swelling
- Size suggestive of huge inguinal hernia

Palpation

- Swelling soft and non-tender
- Reducibility: Partial / difficult
- Expansile cough impulse present

Percussion

- Resonant note present (suggesting bowel content)

Auscultation

- Bowel sounds heard over swelling

Investigations

- Routine blood investigations: Within normal limits
- Ultrasonography:
 - Hernial sac containing bowel loops / omentum

Diagnosis

Huge (Giant) Inguinal Hernia

Management Indications for Surgery

- Large size of hernia
- Progressive increase in size
- Functional impairment
- Risk of complications

Surgical Procedure (Hernioplasty)



Under AAP painting & drapping done. A huge left inguinal hernia is reduced.

A parallel Incision to medial inguinal region above 1.25 cm of inguinal canal

-layerwise dissection done (Skin– Campers fascia-scarpa fascia- external oblique apponeurosis)

External oblique apponeurosis separated using cautery and the flap are held in aliis forcep Huge direct inguinal sac with content of omentum and bowel loops identified.

The sac is separated from surrounding structure and spermatic chord.

Hernial sac and pseudosac is visualized, pseudosac is separated from hernial sac. The content and sac is reduced

Then damping done (conjoint tendon and external apponeurosis are approximated with prolene 1-0)

A polypropylene mesh is placed over conjoint tendon and external oblique apponeurosis and fixed with prolene 1-0

The edges of external oblique muscle are approximated with vicryl 2-0 Superficial fascia closure is done with vicryl 2-0

Skin closure is done with ethilon 2-0 Dressing done with betadine

Scortal support is given

Paitent shifted toward in good condition.



Post-operative Care

- Monitoring of vital parameters
- Analgesics and antibiotics administered
- Early ambulation encouraged
- Scrotal support provided
- Advised to avoid heavy lifting

Outcome

The postoperative period was uneventful. The patient showed significant relief in symptoms and improved mobility. No complications such as infection, recurrence, or obstruction were noted. The patient was discharged with advice for follow-up.

Discussion

Giant inguinal hernias are uncommon in current surgical practice due to early intervention. However, in neglected cases, they may grow significantly and pose challenges in management.

Major concerns include:

- Loss of domain
- Respiratory compromise after reduction
- Technical difficulty during surgery

Mesh repair remains the gold standard due to its low recurrence rate and effectiveness. Proper perioperative care ensures favorable outcomes.

Conclusion

This case highlights the successful management of a huge inguinal hernia with surgical intervention. Early diagnosis and timely treatment are essential to prevent complications and improve quality of life. Even large hernias can be effectively treated with appropriate surgical techniques.

References

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