Case Report

Incarcerated Inguinal Hernia in The Older Child: Precipitated by Faecal Impaction?

L'hernie inguinale incarcérée chez un gamin: provoquée par une impaction fécale?

Ameh E. A., Ahmed A., Okorie T. O.
Division of Paediatric Surgery, Department Of Surgery
Ahmadu Bello University Teaching Hospital, Zaria, Nigeria

Abstract

Incarceration of childhood inguinal hernia is rare after the age of 8 years. A 10-year-old boy presented with an incarcerated right inguinal hernia. Non-operative reduction was not successful. At surgery, an impacted mass of faeces was found in the incarcerated loop of bowel. Incision of the hernia neck was necessary to achieve reduction. Faecal impaction may well be important in precipitating incarceration of inguinal hernia in the older child.

Keywords: Inguinal hernia, incarceration, older child, faecal impaction

Resume

L'incarcération de l'hernie inguinale infantile est rare après l'âge de 8 ans. Un garçon âgé de 10 ans s'est présenté atteint d'une hernie inguinale incarcérée du côté droit. La réduction sans intervention chirurgicale n'a pas été possible. Au cours de la chirurgie, une masse obstructive de fèces a été retrouvée dans la boucle incarcérée de l'intestin. Pour effectuer la réduction, il a fallu une incision au col de l'hernie inguinale. L'impaction fécale peut bien jouer un rôle important dans la précipitation de l'incarcération de l'hernie inguinale chez un gamin. ***Mots-clés:*** Hernie inguinale, incarcération, gamin, impaction fécale.

Introduction

Incarceration is a common complication in childhood inguinal hernia but majority of the patients are aged 2 years and below[1-3] Incarceration after the age of 8 years is unusua[4]. Although faecal impaction may precipitate incarceration in childhood umbilical hernia, the role in incarceration of inguinal hernia has not been reported.

Case Report

A 10-year-old boy presented with a 4-hour history of painful right inguinoscrotal swelling, associated with vomiting of recently ingested food. There was no constipation, abdominal distension or fever. There was no past history of a groin or scrotal swelling. Physical examination showed dehydration and a temperature of 36.9oC. The pulse rate was 96 per minute and blood pressure 100/60 mmHg. The abdomen was not distended and non-tender. There was a tender, irreducible right inguinal hernia. Rectal examination was normal.

Dehydration was corrected, the stomach kept empty by a nasogastric tube and parenteral broad-spectrum antibiotics commenced. Non-operative reduction under analgesia and sedation was not possible. At surgery, the findings were: clear fluid in the hernia sac; incarcerated but viable loop of terminal ileum just proximal to the ileocaecal junction, containing a hard mass of impacted faeces. The ipsilateral testis was normal. Incision of the hernia neck was necessary to achieve reduction of the incarcerated loop of bowel. Herniotomy was performed and the wound closed in layers. Postoperatively, the child did well and was discharged home after 2 days and has remained well.

Discussion

Incarceration is a common complication in inguinal hernias in childhood, particularly at age 2 years and below[1-3]. The incidence of incarceration after the age of 8 years is very low[4].

Impacted foreign bodies[5] and faeces have been found in incarcerated umbilical hernia in childhood and are thought to precipitate that complication. Impacted faeces or foreign bodies are rarely reported in incarcerated inguinal hernias in childhood. In the present report, a hard mass of impacted faeces was found in the incarcerated bowel loop, which made non-operative reduction difficult. Even at surgery, incision of the hernia neck was necessary to achieve reduction. The faecal impaction may well have

Correspondence: Dr. E. A. Ameh, P. O. Box 76, Zaria, 810001, Nigeria. E-mail: eaameh@yahoo.co.uk

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precipitated the incarceration in this child. When non-operative reduction of an incarcerated inguinal hernia becomes difficult after the age of 8 years, impacted faeces should be suspected.

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