Case Report

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Littre's hernia in a paediatric patient

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ABSTRACT

Meckel's diverticulum (MD) is the most common congenital abnormality of the gastrointestinal tract that is generally asymptomatic and manifests only in a specific way when complications exist. Littre's hernia is a rare complication of MD . The definition of Littre's hernia is based upon the protrusion of a MD through a potential abdominal opening accompanied in some cases by incarceration, inflammation, or necrosis. The most common site of Littre's hernia is the inguinal canal, usually on the right. It is difficult to diagnose before surgery. We report a 4-month-old boy with Littre's hernia, including join with incarcerated hernia in the left side.

Key words: Inguinal hernia, male, Meckel's diverticulum

INTRODUCTION

Incarcerated hernia is one of the most commonly acute scrotums in early age children. Incarceration occurs when the contents of the sac cannot easily be reduced into the abdominal cavity. The incarcerated contents found in the hernia sac usually are small intestine. Some times, the doctor will attempt to reduce the hernia when a young patient with incarcerated hernia arrived at the emergency room. Once you meet an irreducible hernia, maybe it is a Littre's hernia.

CASE REPORT

A 4-month-old boy was admitted to our department with acute left-sided incarcerated hernia. The boy had a history of left-side inguinal hernia for 2 months and incarcerated for 20 h. Frequent bile vomiting was observed. No bloody stool and fever. On physical examination, an egg like painful swelling was found at the left inguinoscrotal region. Ultrasonography study confirmed an incarcerated hernia and intestinal tissue echo was detected [Figure 1]. An abdominal plain film showed intestinal obstruction and soft tissue mass in the left inguinaoscrotal region [Figure 2]. On the basis of these findings, he underwent emergence inguinoscrotal exploration through left inguinal incision. A large hernial sac containing an intestinal loop and a Meckel's diverticulum (MD) was found inside the inguinal canal [Figure 3]. The diverticulum was wedge-shaped resection of the base of the diverticulum from the inside of the hernia sac. The hernia sac was closed as a normal procedure, and the operation was terminated. The postoperative course was normal. The boy was discharged 5 days after the operation in good clinical condition. The histological study confirmed a MD, lined by normal ileal and heterotopic gastric mucosa [Figures 4 and 5].

DISCUSSION

Littre's hernia is first described by the Alexandre de Littre in 1700. A MD protrude through any

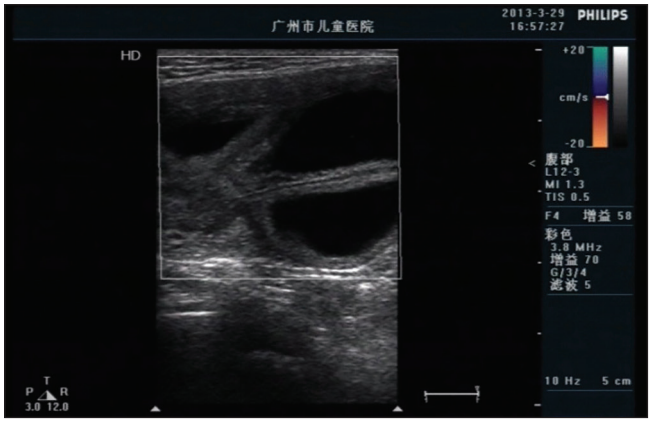


Figure 1: Intestinal tissue echo was detected in the inguinal canal

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Figure 2: Soft tissue mass in the left inguinaoscrotal region, and also enlarged intestine

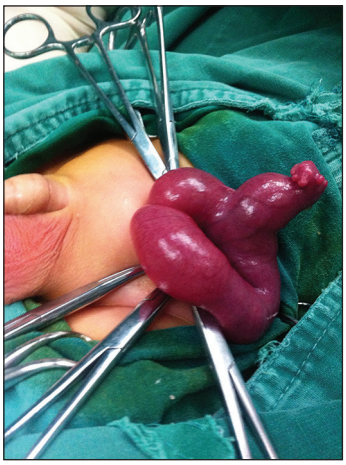


Figure 3: Intestinal loop and a Meckel's diverticulum was found inside the hernia sac

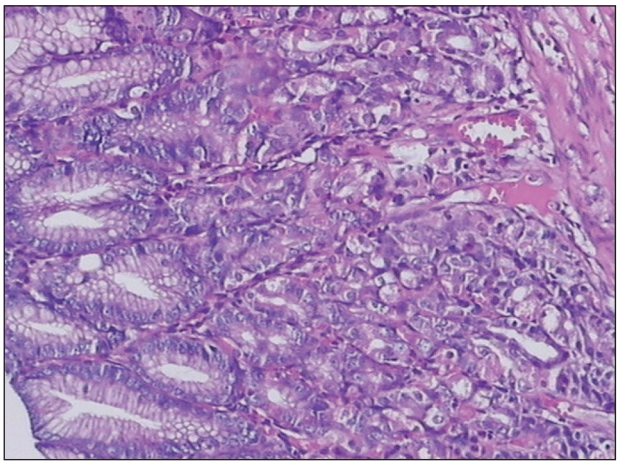


Figure 4: Heterotopic gastric mucosa found in the Meckel's diverticulum

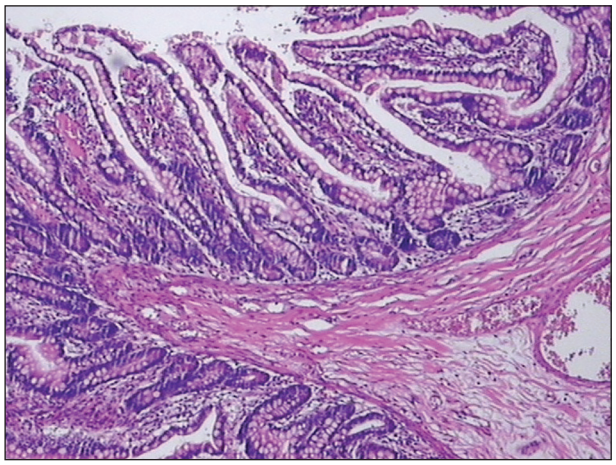


Figure 5: ileal mucosa found in the Meckel's diverticulum

potential abdominal opening is called Littre's hernia.[1] Although umbilical hernia and femoral hernia have also been reported, the most common site is the inguinal canal. As reported, right side occurred much more than the left side. As a MD, Littre's hernia maybe contains heterotopic gastric mucosa: Pancreatic tissue, small intestinal epithelium, and colonic epithelium have also been reported.[2]

In most cases, Littre's hernia is an incidental finding at surgery. It is difficult to diagnose Littre's hernia preoperatively unless a complication occurs. There are often no clinical features that could differentiate a Littre's hernia from other hernias. Especially differentiate it from Richter hernia. Ultrasonograp,hy study, which is often used to identify inguinal hernia, hydrocele or inflammatory complications, does not offer further indications. However, as reported by Sinha, a computed tomography (CT) scan maybe helpful in identifying a Littre's hernia.[3] The MD present as a tubular, blind-ending structure arising and communicating with the distal ileum in CT scan. However, may be it is difficult to identify a Littre hernia from Amyand hernia (appendicitis within an inguinal hernia), especially an Amyand hernia in the right side.

The most usual treatment of Littre's hernia is wedge-shaped resection of the base of the diverticulum from the inside of the hernia sac. Ileal resection should be performed only when damage is severe. Closure of the hernia sac is then carried out in the usual way.

CONCLUSION

Preoperative diagnosis of Littre's hernia may be impossible. Surgeons should keep this diagnosis in mind when dealing with irreducible hernias.

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