



A Rare Case of Pantaloon Hernia in Females- Case Report

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KEYWORDS

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ABSTRACT:

Inguinal hernia is less common in females. Female pantaloon hernia are considerably more uncommon and may only be discovered while sac dissection. Here the patient was diagnosed as indirect inguinal hernia when she first appeared with a reducible left groin swelling that persisted for three years. During surgery two sacs were found on the sides of inferior epigastric artery, both direct and an indirect sac. The Lichtenstein procedure was used to repair the posterior wall. After a year of follow-up, there was no recurrence and the patient had a speedy recovery. Despite the rarity of pantaloon hernia in women, it is important to properly dissect the inguinal canal and identify its structures.

CONCLUSIONS: Despite being rare in females, accurate dissection and identification of inguinal canal structures are essential for establishing the correct diagnosis and determining the appropriate treatment for a Pantaloon hernia.

1. INTRODUCTION:

The protrusion of viscus through the inguinal canal is known as an inguinal hernia. Inguinal hernias constitute 75% of all abdominal wall hernias, carrying a lifetime risk of 27% for males and 3% for females [1]. Men are six times more likely than women to develop inguinal hernias [2]. Despite femoral hernias being more prevalent in females. However, a direct hernia only occurs 3–14% of the time in females due to the strong transversus abdominis muscle [3]. A highly uncommon kind of inguinal hernia called a pantaloon hernia occurs when there are both direct and indirect hernias on each side of the inferior epigastric artery. The incidence of pantaloon hernias is 1.8% for females and 5.6% for males.

2. CASE DESCRIPTION:

Fifty -nine-year-old women presented to the outpatient department complaining a gradually increasing reducible swelling for three years in the left groin region. There were no signs of gastrointestinal obstruction other than the occasional pain. She had no comorbid conditions. Her vital signs were normal upon physical examination. The mass on the left groin measures 5*4*3 cm and cough impulse was present.

Ring occlusion test being positive, she presented a reducible, non-tender swelling with doughy consistency.

She was diagnosed as indirect inguinal hernia and was assessed for mesh repair. Her urinalysis and serum electrolytes were also normal, and she had a haemoglobin level of 11 g/dl. The electrocardiogram and chest x-ray was normal.

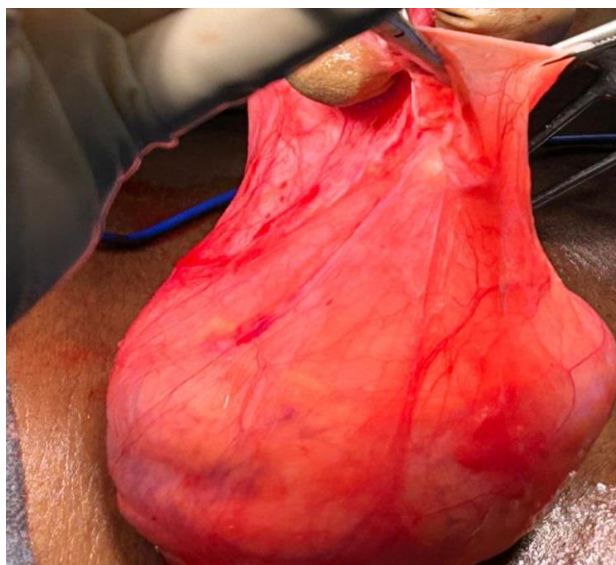


Figure 1 : Showing the huge hernial sac

3.DISCUSSION:

Incomplete obliteration of the processus vaginalis in females from birth until around the age of one may lead to the formation of a space within the canal of Nuck [4]. This condition could potentially result in the development of hydrocele or indirect inguinal hernia. Direct hernias in females are significantly rarer compared to the primary indirect type, being approximately thirteen times less common. This rarity suggests that the posterior wall of the inguinal canal is generally a robust structure in most cases. Because of the stresses of childbirth, the transversalis fascia in women is reinforced, particularly on the floor of the inguinal canal [5]. This reinforcement provides protection and contributes to the rarity of direct hernias in females. Clinical diagnosis of a Pantaloon hernia involves identifying two separate swellings in the inguinal area, with one located medially and the other laterally to the inferior epigastric vessels. However, it's important to note

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that one of these hernias may be occult, meaning it could be hidden or not easily detected during clinical examination. Such occult hernias may only be discovered intraoperatively, when surgical exploration is conducted.

Therefore, despite clinical examination aiming to detect both components of a Pantaloon hernia, the occult nature of one hernia can lead to it being missed until surgery is performed. This underscores the importance of thorough intraoperative exploration when the suspicion of a Pantaloon hernia exists based on clinical signs and symptoms.

4.CONCLUSION:

Despite being rare in females, accurate dissection and identification of inguinal canal structures are essential for establishing the correct diagnosis and determining the appropriate treatment for a Pantaloon hernia.

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