10-26-2019

Non-Incarcerated Inguinal Hernia with Sigmoidal Diverticulitis

Umair J. Khan
HCA Healthcare, umair.khan@hcahealthcare.com

Ali Hassan
HCA Healthcare, Ali.Hassan2@hcahealthcare.com

Kingsley Dah
HCA Healthcare, kingsley.dah@hcahealthcare.com

M Lambing

P Mathew

Non-Incarcerated inguinal hernia with sigmoidal diverticulitis

Khan, U., M.D[1], Hassan, A., M.D[1], Dah, K., M.D[2], Lambing, M., B.S[3]., & Mathew, P., M.D[1]

1. *Internal Medicine Residency Program, GME, Las Palmas Del Sol Medical Center, El Paso, TX*
2. *Transitional Year Residency Program, GME, Las Palmas Del Sol Medical Center, El Paso, TX*
3. *Burrell College of Osteopathic Medicine, Las Cruces, NM*

Introduction

Abdominal wall hernia is defined as a protrusion of a part or whole organ through the wall of a cavity. Inguinal hernias account for 75% of abdominal wall hernias, with a lifetime risk of 27% in men and 3% in women. Indirect inguinal hernia account for 80% of total inguinal hernias. A wide variety of pathological processes can present as inguinal hernias however, large reducible inguinal hernias are quite rare. Recent studies have associated abdominal wall hernia with colonic diverticulosis, a term referred to as *herniosis*. This association suggests that an underlying connective tissue disorder could be a common etiological factor in abdominal wall hernias and direct inguinal hernias. Approximately, 10-20% of diverticula progress to diverticulitis which along with inguinal hernias are common diseases processes encountered in clinical practice separately, however, the occurrence of these two conditions in tandem is a rarity.

Case

Here we represent a case of a 51-year-old man who presented to our emergency department with an erythematous and extremely tender left scrotum. Upon further examination and radiological imaging, patient was found to have a non-incarcerated sigmoid colon herniating through the inguinal canal who then developed an uncomplicated diverticulitis in the herniated segment. Patient was managed medically for his diverticulitis and surgery was consulted for possible surgical repair. Diverticulitis was treated with IV antibiotics and patient was scheduled for a surgical repair of his hernia in 4-6 weeks after acute diverticulitis symptoms subside, to reduce the risk of complication.

Discussion

Large inguinal-scrotal (indirect) hernias are an uncommon pathological condition in modern clinical practice however, when present, can become challenging to manage. Diverticulitis in the herniating bowel segment is an unusual complication of abdominal wall hernias which can lead to hemorrhage, abscess, fistula formation, bowel obstruction and perforation. In such patients, timely intervention and close monitoring can reduce risk of complications. Patient with such presentation can be managed medically for their diverticulitis initially and once stabilized, the hernia can be surgically corrected.

Keywords: inguinal hernia, sigmoid diverticulitis, non-incarcerated

Disclaimer: This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities