Femoral hernia diagnosis in surgical practice

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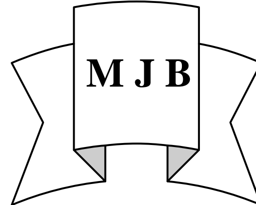

Abstract

Adult femoral hernia forms about 5-10 % of the groin hernias[1,2,4], the aim of this study was to asses the accuracy of the diagnosis in adult people , 476 patients with groin hernias presented to the surgical clinic in(*Karak Teaching hospital, Mu'tah University, Jordan*). The patients examined by consultant surgeons in the surgical clinic . Result, a femoral hernia was confirmed at operation in (16) patients(3.36%) , only (7) patients were diagnosed preoperatively. The result suggested that the consultant surgeons may be poor at the diagnosis of femoral hernia, and a new way of groin hernia examination to differentiate between femoral hernia and inguinal hernia need to be considered .

تشخيص الفتق الفخذي في العمل الجراحي

الخلاصة

يشكل الفتق الفخذي 5-10% من مجمل الفتوق المغبنيه ، الهدف من هذا البحث ، هو معرفت مدى مصداقيه تشخيص الفتق الفخذي في المرضى البالغين ، 476 مريض مصاب بفتق مغبني ، جرى فحصهم في العياده الجراحيه من قبل الجراحين الاختصاص بمستشفى الكرك التعليمي ،جامعه مؤته، الاردن. النتيجه ، وجدنا ان عدد الفتق الفخذي 16 مريض ، أي 3.36% ، من مجمل العدد 476 مريض الذين ادخلوا كحالات بارده . ثبت التشخيص اثناء العمليه الجراحيه . بينما 7 مرضى فقط شخصوا من قبل الجراحين الاختصاص ، كحالات فتق فخذي، قبل اجراء العمليه الجراحيه ، هنا النتيجه تبين تشخيص الفتق الفخذي وتفريقه عن الفتق المغبني من قبل الجراحين الاختصاص لازال ضعيفا ،ولكن ، هنلك طريقه جديده للفحص لتفريق بين الفتق المغبني والفخذي يمكن ان تحل هذا الإشكال لو تم إتباعها .

Introduction

The ability to differentiate a femoral hernia from an inguinal hernia is important, as the cumulative probability of strangulation for a femoral hernia is around 20% at 3 months and 45% at 21 month .[3] This compares with a probability of strangulation for an inguinal hernia of 3 and 4.5% , respectively ,over the same time period, in adult femoral hernia accounting for approximately 5-10% of groin hernia.[1,3]

Patients and methods

This prospective study was carried out on 476 patients with groin hernia, the examination has been made by consultant surgeons in the surgical clinic, a number of a femoral hernias was diagnosed preoperatively, and some of a femoral hernias the diagnosis confirmed at operation,(the emergency cases was not involved in the current study) , the trial was between Sep 2002-Jan 2006 .

Result

In the population of 476 patients a femoral hernias was identified at operation in 16 patients . 11 female , while 5 were male, their age between 26-72 year . The correct diagnosis of femoral hernia was made in only 7 patients by consultant surgeons preoperatively, on the other hand, 6 female patients were diagnosed by consultant surgeons to have a femoral hernias preoperatively , at operation inguinal hernias were identified .

Discussion

The study has shown that consultant surgeons are poor at differentiating femoral hernia from inguinal hernia .

There were two previous studies has been made , but on both elective and emergency cases of a femoral hernias ,the study however, are significantly better with correct diagnosis being made in 80%-90% of cases .[2,4] these studies differ from the current study , in both previous studies over 60% were urgent admission,[2] while all patients in the current study were elective admission from surgical clinic . the previous studies concentrated only on femoral hernia diagnosis at operation [2] ,where we felt that a more accurate representation of error would be to include those patients who were diagnosed as having femoral hernia preoperatively, but who subsequently turned out to have an inguinal hernia .However, there were another study had been made in (1994-1997) on 379 patients with groin hernias [4] , as elective admission, this study show good agreement with the current study ,the consultant and the senior surgical registrar were able to diagnose 6 patients as having femoral hernias preoperatively .while 12 patients were identified to have femoral hernia at operation .[4]

An important aspect of this study is its significance in relation to what should be taught when trying to differentiate between femoral hernias and inguinal hernia .Most of the surgical text books describe the relationship of the hernias to the pubic tubercle as a critical land mark in the examination.[1,5] Review to the surgical literatures , we found that is not strictly true[2],[4] , as the internal ring is always lateral to the femoral canal and small indirect inguinal hernia will there for lateral to the pubic tubercle[5], also, a direct inguinal hernia above and lateral to or above the tubercle[5] .On that regard, they created an alternative suggestion to help differentiation between femoral hernia and inguinal hernia ,and their suggestion, to ask the examiner to place their finger over the femoral canal for reducible hernia and then ask the patient to cough. This land mark is felt by palpating the femoral artery and placing a finger breath medial to it , when the patient cough a femoral hernia remain reduce while an inguinal hernia will reappear as an obvious swelling .[2,4,6]

Conclusion

The correct diagnosis of a femoral hernia is important as these patients should have an early appointment in the surgical clinic for rapid surgical treatment , the current study high light our inability to make the diagnosis correctly , and the suggestion for the change in the way of examination may be feasible .

References

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