

International Conference on

CLINICAL CASE REPORTS AND DERMATOLOGY

November 08-09, 2018 Sydney, Australia

Appendicitis in an incarcerated femoral hernia: A case of de Garengeot hernia**Jacqueline Hawthorne**

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Introduction: The findings of an incarcerated femoral hernia containing the appendix are a rare phenomenon occurring in less than 1% of femoral hernia. 0.08-0.13% of femoral hernia contains an incarcerated acute appendicitis. These are known as de Garengeot hernia. Often diagnosis occurs at operation due to lack of symptoms of acute appendicitis.

Case: 68 year old female presented with painful right groin lump for several weeks. She did not have any obstructive symptoms. Ultrasound revealed an incarcerated femoral hernia, CT scan confirmed right femoral hernia containing a loop of small bowel. Laboratory findings showed a normal white cell count and C-reactive protein. A diagnostic laparoscopy was performed identifying a right femoral hernia containing the appendix. A sub-total laparoscopic appendicectomy was performed as well as an open right femoral hernia repair, through which the tip of the appendix was removed. Histopathology confirmed acute appendicitis. She recovered well.

Discussion: Pre-operative diagnosis is extremely difficult in de Garengeot hernia. Radiological studies are usually non-specific or may identify a femoral hernia with incarceration, despite a lack of symptoms suggestive of small bowel obstruction. Laboratory results are also non-specific. In hindsight, the suggestion of small bowel in the femoral hernia with a lack of symptoms was the key to the diagnosis of de Garengeot hernia. It is unclear whether the appendix became inflammation due to being inside the femoral hernia or whether the patient developed acute appendicitis which then migrated into the femoral hernia.

Biography

Jacqueline Hawthorne is currently working at Hunter New England Health.

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