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## LITTRE'S HERNIA AN UNCOMMON VARIANT OF INGUINAL HERNIA: A CASE REPORT

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### ABSTRACT

*A hernia is the protrusion of a viscous or part of it through the wall of its containing cavity. Littre's hernia is a rare variant of groin hernias. In Littre's hernia, the hernia sac contains a Meckel's diverticulum. Few cases reported in the have been reported in Nigeria. The treatment of this hernia is surgical and prognosis is good when patients present early.*

**Aim:** *We aim to high light a rare variant of Inguinal hernia called Littre's hernia.*

**Presentation of Case:** *We present a 51yr old man, who presented with a painful inguinoscrotal swelling, billous vomiting and constipation. He had a prior history of lower urinary tract symptoms. Investigations done were normal and subsequently had inguinal herniorraphy for obstructed inguinal hernia. The sac contained a Meckel's diverticulum.*

**Conclusion:** *Littre's hernia is rare globally. Uncomplicated hernias have better outcome so patients should be encouraged to seek treatment early.*

**Keywords:** *Littres hernia, Variant, Rare, Inguinal.*

## INTRODUCTION

A hernia is the protrusion of a viscous or part of it through the wall of its containing cavity.<sup>1,2</sup> Most hernias occur in the anterior abdominal wall and more commonly the inguinal region. Other types of abdominal hernias include umbilical, femoral, paraumbilical, epigastric, diaphragmatic, lumbar, Spigelian etc.

Hernia can also result from surgeries; incisional<sup>1</sup> hernia or trauma; traumatic hernia (sports man hernia)

Inguinal hernias are the most common hernias accounting for seventy percent of all hernias, they are more common in males than females with a ratio of 1.9:1.<sup>2</sup>

Inguinal hernias are broadly classified into two groups based on their relationship to the inferior epigastric vessels.<sup>1</sup> Direct inguinal hernias are medial to the vessels while the indirect inguinal hernias are lateral to the vessels.<sup>1</sup>

Inguinal hernias have been reported to contain vermiform appendix<sup>3</sup> and very rarely Meckel's diverticulum.

Littre's hernia is an uncommon hernia in which case the content of the sack is a Meckel's diverticulum. It has been reported to occur in a femoral and inguinal hernia with the latter being the most reported.<sup>5,6</sup>

This is a rare case in the in University of Port Harcourt Teaching Hospital. We are presenting a case of obstructed Inguinoscrotal hernia (Littre's Variant).

## PRESENTATION OF CASE

A 51 year old Clergy man admitted through the emergency ward, with a 2 year history of right groin swelling and 3 days history of pain and irreducibility of the swelling. He had associated bilious vomiting and constipation, however there was no fever or abdominal distension. He had a five year history of lower urinary tract symptoms which included; feeling of incomplete emptying of the bladder, hesitancy, frequency and nocturia.

He was diagnosed with left inguinal hernia secondary to bladder outlet obstruction five years prior, and was referred to the Urologist to have his bladder outlet obstruction resolved before a herniorrhaphy will be done. He however defaulted and the herniorrhaphy was done in a peripheral hospital without treatment for the bladder outlet obstruction.

On examination he was in painful distress. His pulse rate was 98 per minute, Blood pressure was normal. He was not pale, afebrile, not dehydrated abdomen was flat soft with no guarding or rebound tenderness. There was no palpable intra abdominal mass, spleen and liver were not palpably enlarged. Kidneys were ballotable. Bowel sounds were hyperactive.

There was a tender, irreducible Inguinoscrotal swelling. (fig. 1) No induration was felt along the urethra

**FIGURE 1: Clinical photograph of patient with obstructed right Inguinoscrotal hernia**

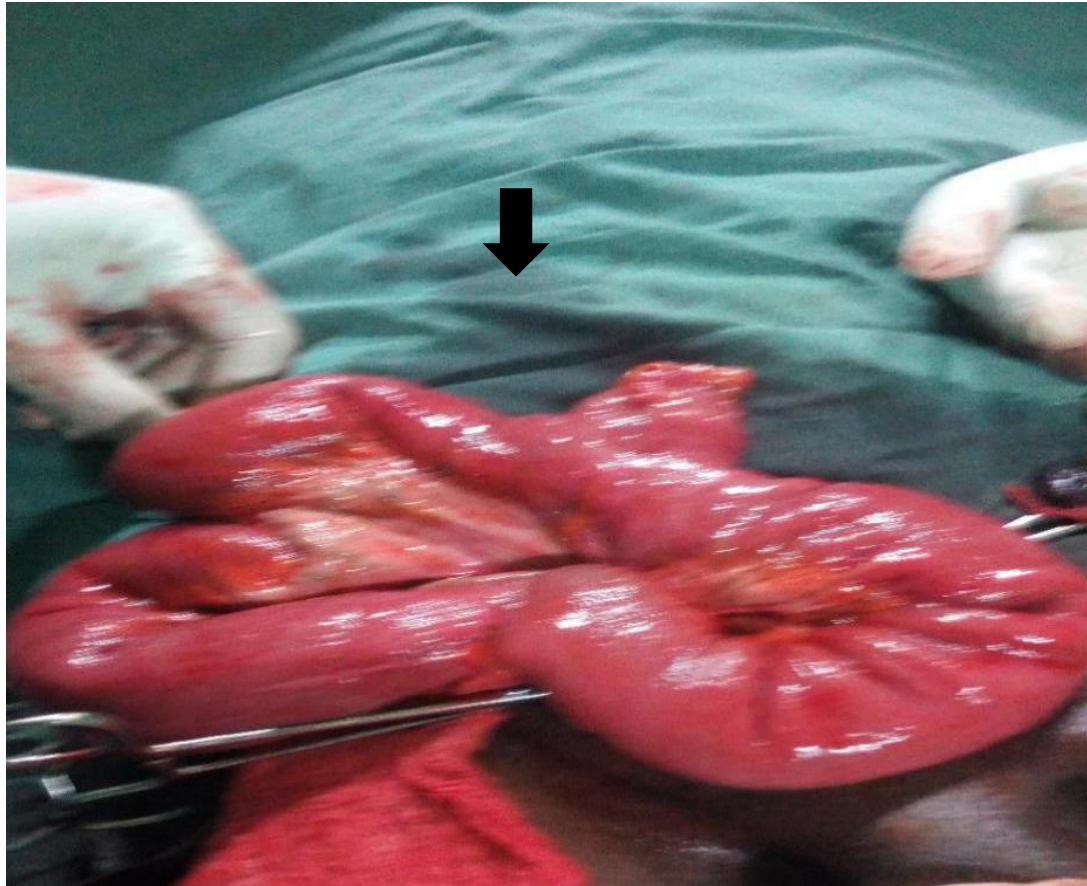


Digital rectal examination revealed an enlarged, firm prostate with freely mobile rectal mucosa. The rectum was empty.

Urgent haemoglobin was 14g/dl and electrolytes done were within normal ranges

and a diagnosis of Irreducible right inguinoscrotal herna was made, He had emergency Herniorraphy. The intraoperative findings were an indirect sac containing viable small bowel loops with a Meckel's diverticulum.

**FIGURE; 2 Iluem with a Meckel's diverticulum (arrow).**



## **DISCUSSION**

Meckel's diverticulum is a true diverticulum comprising of all the layers of the gastrointestinal tract.<sup>6</sup> Meckel's diverticulum is the most common congenital gastro intestinal abnormality,<sup>7</sup> it occurs in 2% of the population. Meckel's diverticulum is more common in males with a ratio of 3:2.<sup>5</sup>

The risk of complication with Meckel's diverticulum is associated with age less than

40yrs, male gender, diverticulum more than 2cm, narrow neck.<sup>6,8</sup>

The complications of Meckel's diverticulum include bowel obstruction, diverticulitis, haemorrhage, fistulla, perforation, neoplasia and etc. The diagnosis of littre's hernia is usually made on the operation table.<sup>6</sup>

The treatment for Meckel's diverticulum may involve simple diverticulectomy or resection of the bowel involving the diverticulum in

order to be sure all pathological tissue has been removed.

After the diverticulectomy the hernia should be repaired.<sup>6</sup> The index patient had herniorrhaphy after diverticulectomy.

The ideal treatment for inguinal hernias is hernioplasty using a mesh.<sup>9,10</sup> The use of mesh in an obstructed or strangulated hernia was considered to have a high risk of infection and recurrence.<sup>10</sup> Current data show that use of mesh in obstructed and strangulated hernia is safe.<sup>10</sup> The rate of infections is not significantly different from of non-complicated hernias using a mesh. Obstructed and other complicated hernias present in third world countries mostly due to poverty, and ignorance.<sup>6,7</sup> The suture repairs for hernias such as Bassini and shouldice repair are associated with a higher incidence of recurrence when compared to use of mesh.<sup>11</sup>

Our patient had a suture repair with good outcome. Suture repair was done because mesh is not readily available in resource poor settings like ours and because it was an emergency, the surgery could not be delayed.

Late presentation is a reason for increased morbidity and mortality in patients with hernias. This can be prevented by public enlightenment campaigns, easy access to well-equipped health facilities and ensuring personnel with the right training are available to attend to the patients.

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