



Obstructed Femoral Hernia with Metastatic Ovary as Content with Primary Tumour in? Stomach- A Rare Case Report

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Abstract

Femoral hernia is more common in women and lead to a higher rate of emergency surgery due to more chances of strangulation. Obstructed femoral hernia with ovary as content is an extremely rare condition¹. A 54 year old woman presented with swelling in the right groin since 5 days, associated with pain since 1 day. On examination swelling is tender and firm in consistency. Preoperative ultrasound shown swelling in right inguinal area just below inguinal ligament near femoral triangle suggesting femoral hernia. After preoperative evaluation patient underwent emergency surgery and the diagnosis of obstructed femoral hernia with ovary as content was established. Ovary released from hernia sac, part of tissue taken for histopathology, which was confirmed that hernial content was metastatic poorly differentiated adenocarcinoma ovary (krukenberg tumour). Hernial defect was repaired with polypropylene. The Post operative period was uneventful and the woman was discharged with stable condition.

Key words: femoral hernia, obstruction, metastatic ovary.

Introduction

Femoral hernias are most prevalent in elderly females¹.they are more prone to obstruction and strangulation. Most of the cases of hernia containing ovary and fallopoian tubes were reported to be found in children and often with congenital anomalies. Femoral hernias usually become incarcerated and strangulated when loops of becomes trapped in hernia sac². As femoral hernias have a narrow hernia orifice, they are particularly prone to incarceration. These patients presents with symptoms including pain, nausea, vomiting, intestinal obstruction and tender

palpable groin mass. Subsequently they have an increased need of emergency surgical intervention⁴.

Case Report

We reported a case of an 57 year old female presented to surgical clinic with pain in the lower abdomen, more in right groin since three months. There is history of loss weight since 6 months significantly, also history of decreased appetite, nausea and vomiting. On examination, there was a palpable swelling in the right groin, which is tender, non pulsatile present below and lateral to

pubic tubercle and medial to femoral vessels. There was no bowel and bladder disturbances. Patient underwent contrast enhanced CT abdomen, which reported as a) right femoral hernia with suspicious of incarceration and surrounding inflammation b)diffuse minimally enhancing asymmetric circumferential wall thickening involving distal body of stomach. Patient also underwent upper GI endoscopy, which reported as inflamed mucosa of lesser curvatre in distal aspect with antral gastritis features. Biopsy could not be done due to bleeding from inflamed area. Patient was taken for emergency surgery, mc evedys approach of femoral hernia orifice done, contents noted as incarcerated right ovary, was released from the sac and biopsy taken from ovarian tissue and hernia repaired. Postoperative period was uneventful. Biopsy report came as metastatic poorly differentiated adencarcinoa-signet ring type of ovary (krukenberg tumour).



Figure 3: operative picture content(ovary)

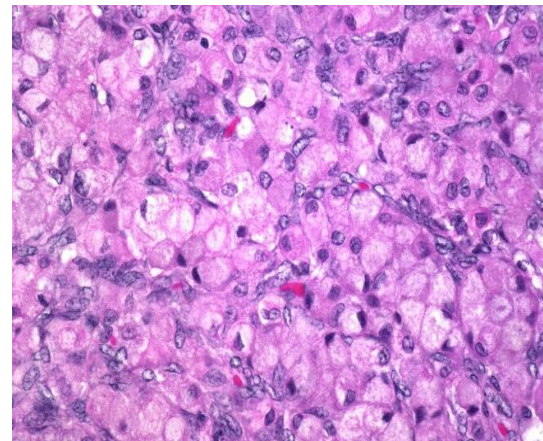


Figure 4: Histopathology (ovary)



Figure 1: CT picture of femral hernia right side



Figure 2: operative picture of sac

Discussion

Femoral hernia are more common in female with 10:1 incidence ration compared to males. Although less common than other forms of hernia, femoral hernia more prone to incarceration⁷. Generally the diagnosis of femoral hernias is clinical examination and radiological investigation is not warranted. A typical femoral hernia present as a tender, non reducible swellin with no cough impulse and is stuated below and lateral to pubic tubercle⁹. Herniation of ovary into femoral canal is rare event , due to normali anatomical position, it lies below the femoral ring. Gaitely et al. Have previously reported that ovarian pathology can cause femoral hernia due to increased abdominal pressure¹⁰. It is exponantially rare, however to encounter a case of primary tumour of ovary to form an femoral hernia¹¹. Although a case of ovarian omental metastasis was discovered within feoral sac, to our knowledge this a rare case of metastatic ovary to present as incarcerated femoral hernia¹².

Conclusion

Even though the femoral hernia is rare occurrence in presentation, with unusual contents like fallopian tubes, bowel, bladder, meckels diverticulum and ovary may present. In this case there is unusual presentation of femoral content as ovary, with metastatic in nature as primary in intraabdominal? stomach. while performing surgery for femoral hernia with unusual content suspicion of meatstasis should be keep in mind and content should be sent for histopathology to exclude metastatic disease.

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