

Original article:

Inguinal hernia in female children

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Abstract:

Inguinal hernia is though common in males can also occur in females. Incidence of inguinal hernia in females is 1.9% site of resentation is 68% on right side , 25 % in left side and 8.5% bilateral incidence in pregnant females is 1:1000. The incidence of indirect hernia relates to congenital weakness of internal Inguinal ring. Sac is formed by unobliterated portion of peritoneal invagination of canal of nuck covering round ligament. We presented 9 patients of Inguinal hernia in females in a total of 60 patients, 13 were managed by surgery i.e herniotomy and herniorraphy . 3 Cases presented late with incarcerated loop of small intestine and 2 had incarcerated ovary and fallopian tube as content . Follow up of operated cases were carried for a period of 4 months , 8 months and 1 year with no complications or recurrence. Incarcerations are common in first year of life, so surgery should be carried as soon diagnosed in females with Inguinal Hernia .

Introduction:

Ratio of the inguinal hernia in females compete to males is 1:5 . Incarceration is commonly seen in female infants with Inguinal hernia . Although rarely Inguinal hernia seen in females but has no associated risk factors like males as smoking , appendicectomy. there is also no risk factor like multiple deliveries associated with Inguinal hernia. Surgery should be carried immediately without delay in females without doing any reduction.

Material and Methods:

Study was carried out in year Jan 2018 to Jan 2019 in Government Medical College Jammu , 6 patients were managed surgically.

Age group between 6 months to 60 years was considered for study. Majority of females were in age group of 1 to 10 years followed by elderly group of 30-40 years.

3 presented with irreducible hernia . Exploration was done with reduction of contents of Hernia. All the cases were managed by herniotomy in children and herniography in young females. All cases were followed up in OPD after 4 months then 8 months and after 1 year with wound infection in 1 case and recurrence in none.

Results:

Study was conducted comprising of 60 patients. Patients were divided into 6 age groups. Majority of females in between 1-10 years of age followed by 30-40 years of age group. Males were 51 and females were 9 of which 6 females were managed by surgery while 3 cases presented late with incarceration loops of small intestine in one and two had ovary and fallopian tube as contents.

Age	No. of patients	Male	Female
0-10	14	12	2
10-20	12	10	2
20-30	12	10	2
30-40	07	06	1
40-50	07	06	1
50-60	08	07	1
Total	60	51	09

Right sided (35 cases) hernia was more common followed by left side (20 cases) and 5 cases had bilateral presentation.

Side	Male	Female	Total
Right	30	5	35
Left	17	3	20
Bilateral	4	1	05
total	51	9	60

There was superficial wound infection in one case of female and three cases of male and there was no recurrence after repair and after followup.

Postoperative complication	Male	Female	Total
No Complication	48	8	56
superficial Infection	3	1	4
Recurrence	0	0	60

Discussion

Most of the contents of inguinal hernia in female children consist of genital structure such as ovaries, fallopian tube, uterus, as sliding hernia. But many have small intestine, appendix as contents. Increased risk is associated with hereditary and with decreased bowel movements. Physical activity has positive role in preventing hernia . As soon as Inguinal hernia in females is diagnosed surgery should be done immediately as the rate of incarcerations very high in 1st year of life. 3 patients in our study presented with incarceration 1 had ovary and others had small intestine and appendix as content of hernia. Ovary is more difficult to reduce as compared to

small gut. Kaplan SA, study also a two patients under one year of age presented with irreducible hernia as incarcerated ovary and tube as content other patient had incarcerated loop of small intestine. Hernia of the genital contents is common in young female infants and is associated with defects and anomalies in female genital tract development. It has been associated with intersex syndrome, testicular feminization syndrome.

Bilateral exploration should be recommended for all female inguinal hernia patients to rule out contralateral hernia. Rescorla FJ, Grosfeld JL study mentioned bilateral exploration was done in 92 cases out of 100 patients whereas in our study bilateral exploration was done in 56 patients out of 60. Advanced techniques like laparoscopy and herniogram should be carried for diagnosing female children.

Our study had superficial wound infection in 4 cases out of 60 whereas in Rowe MI, Lloyd DA, study had 2 cases of superficial wound infection and hypoglycemia postoperatively out of 50 patients. Our study had no recurrence even after follow up period upto 1 year whereas Chen CL, Liu TP had also no recurrence after followup period of 6 months

Hence all the young inguinal hernia female patients should be taken for surgical repair immediately after diagnosing and associated intersex differentiation syndrome should be ruled out.

Conclusion:

Bilateral exploration with early surgical repair is recommended in all female inguinal hernia patients to prevent complications.

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