

## A CASE OF FEMORAL HERNIA IN A YOUNG MALE

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Femoral hernia is an extremely rare condition in infants and children and is rarely diagnosed before operation. A reducible lump in the groin of a child is by far most commonly that of an inguinal hernia. Other conditions which one must bear in mind when confronted with a swelling in the groin in a young child are:

- (1) Inguinal lymphadenopathy
- (2) Ectopic testis
- (3) Varix of saphenous vein
- (4) Lipoma
- (5) Psoas abscess
- (6) Cyst of the canal of Nuck; and hydrocele of the cord
- (7) Obturator hernia
- (8) Cystic hygroma.

### Incidence

The incidence of femoral hernia is between 0.4%-0.6% of all hernias in children. Ribera y Sans (1908) found 14 cases of femoral hernia out of 3098 cases. Rutherford (1927) in a survey of 1098 cases of herniae around the inguinal region in children found 5 cases of femoral hernia, whilst Lloyd (1931) at Great Ormond Street found only one out of 715 cases. Herzfeld (1938) reviewing 1000 cases under 12 years of age, reports finding only 4 cases of femoral hernia. Strangulation of such a hernia is an even rarer condition and to date only 5 cases have been recorded in English medical literature, the youngest being a 5 week old male, reported by Underhill (1954). There does not seem to be any difference in sex incidence.

### Aetiology

This is still largely a matter of some controversy. There are two schools of thought, one which claims that femoral hernia is of congenital origin at least in the younger age group, whilst the other

maintains that all femoral herniae are acquired. The latter seems to be the one gaining more ground lately. Among those who hold that the congenital theory is untenable are Keith (1923, 1924), Buckley (1925), Tasche (1932), McVay and Savage (1961). It is held that the fundamental aetiology of a femoral hernia is an enlarged femoral ring. Whilst it is widely believed that the medial margin of this ring is the free edge of the lacunar ligament, Ingall (1964) stresses in his paper that it is the lateral edge of the conjoined tendon or posterior inguinal wall that forms the medial margin to the femoral ring. A relatively narrow attachment of the posterior inguinal wall to Cooper's ligament with a resulting bigger femoral ring would predispose to the formation of a femoral hernia. In some individuals this may be the anatomical arrangement at birth and in such a case it may be said that there is a congenital predisposition to the formation of a femoral hernia. The question of aetiology is a matter of some importance, since the removal of a sac which is thought to be congenital should be enough to result in a complete cure. On the other hand such a simple extirpation of the sac would not suffice were the hernia to be of acquired origin. One would then have to correct those factors which predisposed or precipitated such a hernia. Hence some kind of repair of the femoral ring would also be necessary. McVay and Savage, who assert that femoral hernia is an acquired condition state, that the correct method of repair is to suture the deficient conjoint tendon down to Cooper's ligament, a type of repair first used by Lotheissen in 1898.

### Case Report

D.F., a healthy boy, was first seen when he was 2 9/12 years of age on 18. 2. 65 with a one year history of a pain-

ful lump in the right inguinal region. The lump was thought to be a small reducible right inguinal hernia. He was operated on 18. 9. 65 and a very small inguinal hernia was excised with no repair being performed. He was discharged on 25. 9. 65. On 16. 3. 67, when 5 years of age, he again attended Surgery Out Patients with a 6 month history of the reappearance of a lump in the right inguinal region. He was operated on 1. 3. 68 when the lump was found to be a femoral hernia. The patient was discharged on 9. 3. 68.

### Discussion

Various authors, among whom are McVay, Chapp (1958) and Savage have been stressing that weakness in this region should be considered as inguino-femoral rather than just inguinal or femoral. In seventy femoral hernioplasties surveyed by McVay and Savage thirty had associated herniae, the primary diagnosis being either an inguinal or a femoral hernia. This appreciably high figure stresses that the weakness in this region is often inguinofemoral. Careful inspection

and possibly the repair of both regions will go a long way in avoiding quite a common cause of recurrence — the missed hernia.

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