

Inguinal Hernia

- ▮ Congenital due to (Patent processus vaginalis)
- ▮ Prevalence (1-5% boys)
- ▮ Premature (35%)
- ▮ Male/Female (9:1)
- ▮ Indirect (99%) The most common
- ▮ $R > L$

△ History

- ▮ Intermittent groin swelling or a lump (the main presentation) pain is rare.
- ▮ Asymptomatic until get complicated
- ▮ In girls; lump in upper part of labia majora

△ Examination

- ▮ Examine the testes
- ▮ Reducibility (the hallmark of hernia) VIP
- ▮ Thickened spermatic cord against pupic tubecle (SILK sign),
"It is usually helpful when the hernia is irreducible".

Complication of inguinal hernia:

- i. Incarceration.
- ii. strangulation
- iii. Obstruction
- iv. Testicular atrophy.
(failure of testes to grow)

⇒ Management:

- ⊙ Herniotomy (As soon as it is feasible) If it was not complicated.
- ⊙ Incarcerated hernia
 - \pm /-Sedation and analgesia
 - Check to Reduce it.
 - Urgent herniotomy
- ⊙ Strangulated hernia (Emergent herniotomy in 24-38H)

Herniotomy is:

high ligation of
processus
vaginalis at the
deep ring.