



## History of hernia & lump

Color index :

**Important**

Further explanation

[Editing link](#)

# Hernia:

It is the protrusion of an organ or piece of tissue from its normally contained space.

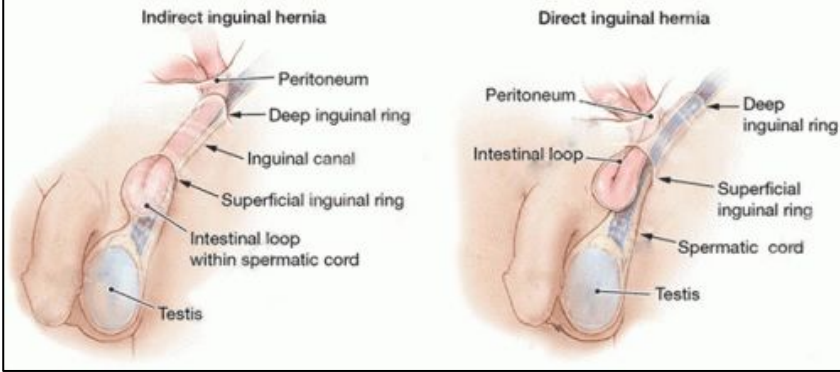
## Causes:

### 1-weakness of the abdominal muscle:

(old age, pregnancy, previous surgery, obesity, smoking, poor nutrition)

### 2-increased of the intra-abdominal pressure:

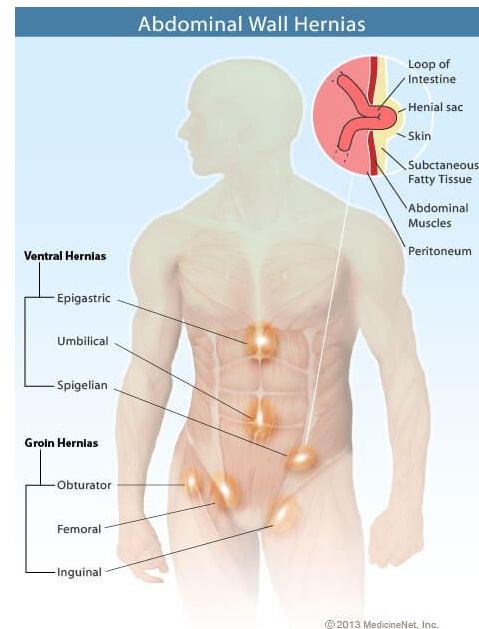
(straining during constipation or urination, chronic cough, sudden heavy lifting, ascites, peritoneal dialysis)

Types	more information
<b>Inguinal hernia</b> <b>(reducible)</b>	<ul style="list-style-type: none"><li>★ These are the <u>commonest</u> type, and more common in men.</li><li>★ <b>1-Indirect inguinal hernias</b> – these come through the deep inguinal ring, and if large enough, out of the superficial inguinal ring. They can <b>strangulate</b> – and usually at the deep inguinal ring as this is narrow. If the hernia is really big it can descend into the scrotum and the labia majora.</li><li>★ <b>2-Direct inguinal hernias</b> – these come into the inguinal canal through a defect in the posterior wall of the canal. They are generally easy to <b>reduce</b> and <b>do not strangulate</b>.</li></ul> 
<b>Femoral hernia</b> <b>(irreducible)</b>	<ul style="list-style-type: none"><li>★ These tend to occur more in <b>females</b></li><li>★ These go down the femoral canal (not the inguinal canal). They are usually found below and lateral to the inguinal ligament.</li><li>★ They tend to be <b>irreducible</b>, <b>strangulated</b> and at high risk of <b>obstruction</b>.</li><li>★ Most notably this includes the femoral artery, the femoral vein and the femoral nerve.</li><li>★ Because of the position of this hernia, medial thigh pain is possible in addition to groin pain</li></ul>

Type	more information
Paraumbilical hernias	<ul style="list-style-type: none"> <li>★ These are found just above or just below the umbilicus.</li> <li>★ Omentum or bowel can herniate through them.</li> <li>★ Risk factors involve obesity and ascites.</li> </ul>
Epigastric hernias	<ul style="list-style-type: none"> <li>★ These pass through the linea alba above the umbilicus.</li> </ul>
Incisional hernias	<ul style="list-style-type: none"> <li>★ Because this hernia is usually asymptomatic, patients typically present with a bulge at the site of a previous incision (due to <b>surgery</b>); the lesion may become larger upon standing or with increasing intra-abdominal pressure</li> </ul>
Spigelian Hernias	<ul style="list-style-type: none"> <li>★ These occur at the lateral edge of the rectus sheath, below and lateral to the umbilicus.</li> </ul>
Hiatal hernias	<ul style="list-style-type: none"> <li>★ They are a weakness or opening in the diaphragm</li> </ul>
Obturator hernia	<ul style="list-style-type: none"> <li>★ it may not present as a swelling patients(Because it is hidden within deeper structures)</li> <li>★ may complain of abdominal pain or medial thigh pain, weight loss, or recurrent episodes of bowel or partial bowel obstruction.</li> <li>★ pressure on the obturator nerve causes pain in the medial thigh that is relieved by thigh flexion but may be exacerbated by extension or external rotation of the hip (Howship-Romberg sign)</li> </ul>

## How do they present?

- ★ a painless swelling at hernia site that develops over time. They are often asymptomatic.
- ★ They can become symptomatic and the common features of this are as follows:
  - Pain – particularly when coughing or stooping,
  - Change in bowel habit,
  - Constipation,
  - Burning sensation in the groin, Scrotal swelling (in males)
- ★ In infants, the only symptom of a hernia may be **increased irritability**, especially when the hernia is large.



## Complications:

- ★ Irreducibility
- ★ Obstructed
- ★ Strangulated – ischaemia of the tissue inside the hernia occurs. This patient will become toxic and requires urgent surgery.
- ★ inflammation
- ★ hemorrhage

## Management:

- ★ If the lump is small, not increasing in size and is asymptomatic the patient may wish to leave it alone. If however the hernia is causing pain, or altering bowel habit then surgical management may be required.
- ★ If the hernial contents become strangulated or obstructed this represents a surgical emergency and urgent operative fixation is required.
- ★ **surgical repair (open or laparoscopic repair)**

### DDx of a solitary groin lump

#### ABOVE THE INGUINAL LIGAMENT

- Sebaceous cyst
- Lipoma
- Direct inguinal hernia**
- Indirect inguinal hernia**
- Imperfectly descended testis
- Hydrocele

#### BELOW THE INGUINAL LIGAMENT

- Sebaceous cyst
- Lipoma
- Femoral hernia**
- Saphena varix
- Femoral artery aneurysm
- Imperfectly descended testis
- Neuroma of the femoral nerves
- Obturator hernia**
- Psoas abscess

### DDx of a scrotal mass

- Sebaceous cyst
- Indirect inguinal hernia**
- Hydrocele
- Epididymal cyst (spermatocele)
- Epididymo-orchitis,
- Testicular torsion
- Testicular tumour
- Varicocele
- Haematocele,

**personal data:** (name,sex,age)

**Chief complain:** Groin or scrotal swelling for (duration)

**HPI:** we treat it as a **lump**

1-Where is the lump?

2-When was the lump first noticed?

3-What made you notice the lump? (pain, during washing or someone else noticed)

4-Has the lump changed since it was first noticed? (size,color, shape and tenderness)

5-does the lump ever disappear? What makes the lump reappear? (hernia may disappear on lying down & reappearing during exercise & straining)

6-Have you ever had any other lumps?

7-What do you think caused the lump? (hernia may follow trauma or surgery)

8-Reducibility

9-is there any other lump?

10-Associated symptoms according to the place of the lump,  
IF hernia? (**symptoms of intestinal obstruction such as: abdominal distention, vomiting, constipation, pain**) irritated child,fever,discoloration of the skin  
IF in the breast? Is there any discharge ? is at associated with the menstrual cycle? is it painful ?  
IF it in the thyroid?hyper/hypothyroidism, difficulty swallowing, breathing, hoarseness

**If the patient present with pain (SOCRATES)**

**Ask about the predisposing factors for the hernia as:**General factors:  
(Lifting heavy object, Chronic cough, Chronic constipation, Abdominal distention 'ascites or mass', Difficulty in passing urine.)

**Constitutional symptoms:**Fever, loss of appetite, loss of weight

**Past medical history and surgical history.**

Abdominal surgery or trauma, Muscles disease, Previous lump or hernia, Wound infection postoperative.

**Family history of hernia.**

**Drug history:** ACE inhibitors " chronic cough"

**Systematic review.**(Neuralgia of the ilioinguinal nerve may present with a sudden stabbing pain in the distribution, we have to ask about COPD symptoms and obstructive uropathy )