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A Clinical Image of Sliding Hernia

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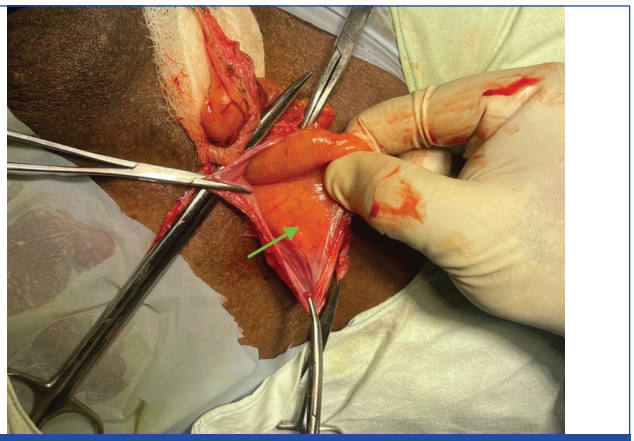
A 55-year-old male patient was admitted with complaints of left-sided inguinoscrotal swelling for one year. The patient did not have any associated co-morbidities. After a thorough clinical and haematological assessment, the patient was taken up for elective inguinal hernioplasty and Lichtenstein tension-free mesh repair. During the surgery, the hernial sac was identified and dissected from the spermatic cord; during this stage, part of the sigmoid colon was found to be part of the posterior wall of the sac [Table/Fig-1], leading to the diagnosis of a sliding hernia. It is crucial to perform gentle dissection to avoid injury to the contents of the sac. After identification, the viscus was meticulously dissected and reduced to the preperitoneal space without excising the sac. Subsequently, a herniorrhaphy with Lichtenstein's tension-free mesh repair was performed. The rest of the procedure was uneventful. The patient was eventually discharged following suture removal and kept on regular follow-up. He did not developed any postoperative complications following the surgery.



[Table/Fig-1]: Intraoperative image of a sliding hernia (Green arrow).

A sliding hernia is a protrusion through an abdominal wall of a retroperitoneal organ. It is estimated that about 5% of all elective indirect inguinal hernia repairs are sliding hernias, and they are more commonly found in males, often on the left side [1]. Sliding hernias are difficult to diagnose preoperatively, and operating on a sliding hernia is even more challenging than an uncomplicated inguinal hernia [2]. In the majority of documented cases, the diagnosis of a sliding inguinal hernia is typically confirmed during surgery by exposing the hernia sac. However, the presence of partial irreducibility should be considered a red flag, raising suspicion of a sliding hernia. It is imperative to meticulously dissect the sac from the cord structures, ensuring this process extends along its entire length up to the deep ring. The sac is then safely opened, preferably in an area devoid of palpable underlying viscera. Given the sac's intricate anatomy, dissection must be executed with utmost care to avoid colonic injury [3,4]. Notably, this case revealed the contents as the sigmoid colon wall. It is critical to note that attempts to dissect the sigmoid colon from the sac should be abstained from, as it constitutes the extraperitoneal portion of the sigmoid colon that forms the sac's wall [5].

REFERENCES

[1] Kamat M, Singh N, Nattey K. A rare encounter of obstructed direct inguinal hernia of sliding variety. Int J Surg Case Rep. 2018;49:209-14.
[2] Komorowski AL, Moran-Rodriguez J, Kazi R, Wysocki WM. Sliding inguinal hernias. Int J Surg. 2012;10(4):206-08.
[3] Bodilsen A, Brandsborg S, Friis-Andersen H. Recurrence and complications after sliding inguinal hernia repair. Hernia. 2022;26(4):1047-52.
[4] Vagholkar K, Purandare T. Sliding inguinal hernia: A technical challenge. Int Surg J. 2023;10(8):1400-02.
[5] Pathak N, Langer V, Rajagopalan S. Sigmoid colon as a content of congenital inguinal hernia: A rare presentation. Med J Armed Forces India. 2014;70(4):394-95.

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