

## Case 82

# A groin lump in an old woman



Figure 82.1

Figure 82.1 illustrates the groins of a woman aged 75 years, shaved in preparation for operation later that day. She noticed this lump on the right side 3 months previously. At first it was quite small and went away on lying down, but it is now larger, present all the time and, although not actually painful, is rather uncomfortable. She is otherwise remarkably well for her age.

On examination, the lump was smooth, slightly mobile from side to side and slightly tender. It could not be reduced by gentle pressure. It was definitely situated below and lateral to the pubic tubercle. Clinical examination was otherwise essentially normal.

### What diagnosis would you make on these characteristic findings?

An irreducible right femoral hernia.

### What is the sex distribution of this condition?

It is much commoner in females than males, probably because of the wide female pelvis. However, it is certainly found in men, as shown in Fig. 82.2 of this condition in a 60-year-old male. A femoral hernia is an acquired con-



Figure 82.2 An irreducible right femoral hernia in a male.

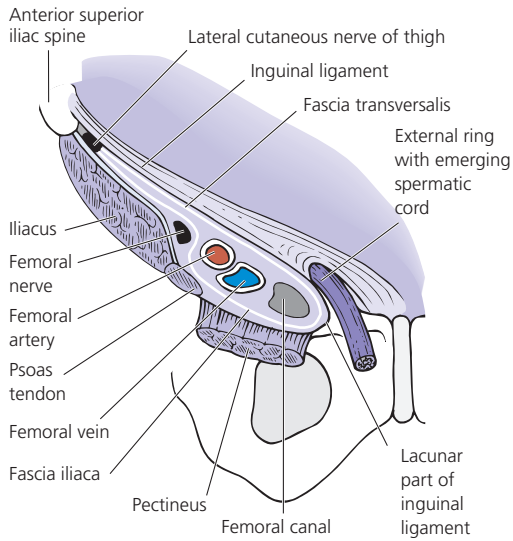
dition, extremely rare in children and unusual in young adults.

### Describe the anatomy of the femoral canal

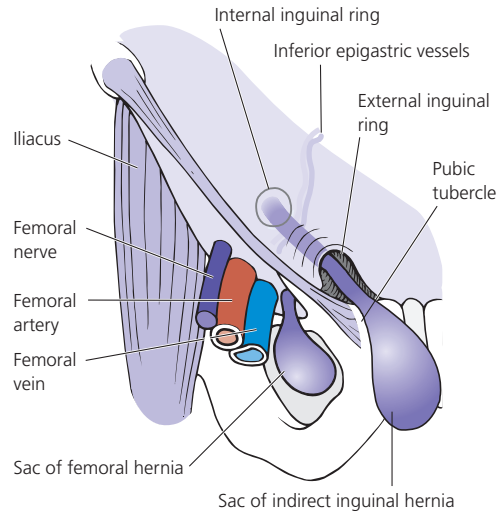
- Anteriorly – the inguinal ligament (Fig. 82.3).
- Medially – the sharp edge of the lacunar part of the inguinal ligament (Gimbernat's ligament).
- Laterally – the femoral vein.
- Posteriorly – the pectineal ligament of Astley Cooper,\* which is the thickened periosteum along the superior pubic ramus.

\*Sir Astley Paston Cooper (1768–1841), surgeon, Guy's Hospital, London.

## Part 2: Cases



**Figure 82.3** The anatomy of the femoral canal and its surrounds to show the relationships of a femoral hernia.



**Figure 82.4** The relationships of an indirect inguinal and a femoral hernia compared: the inguinal hernia emerges above and medial to the pubic tubercle; the femoral hernia lies below and lateral to it.

- The canal normally contains a plug of fat and a lymph node – the node of Cloquet.†

Note that an inguinal hernia will lie above and medial to the pubic tubercle, whereas a femoral hernia lies below and lateral to this landmark (Fig. 82.4).

### What is an irreducible hernia and how does this differ from a strangulated hernia?

A hernia becomes irreducible usually because its contents become adherent to the inner wall of the sac, or sometimes because adhesions within the contents become larger than the neck of the sac. In strangulation, the blood supply to the contents is cut off by the neck of the sac (Fig. 82.5). Unrelieved, gangrene of the contents is inevitable and, if gut is involved, perforation of the gangrenous loop will eventually take place.

### What is the differential diagnosis of a lump in the groin?

Whenever you consider the differential diagnosis of a lump anywhere in the body, whether this is situated on

the top of the skull, the right iliac fossa or, in this case, the groin, the process is the same. You must consider all the anatomical structures in that area, think of the pathologies that may affect those structures and then decide on the most likely cause of the mass in question.

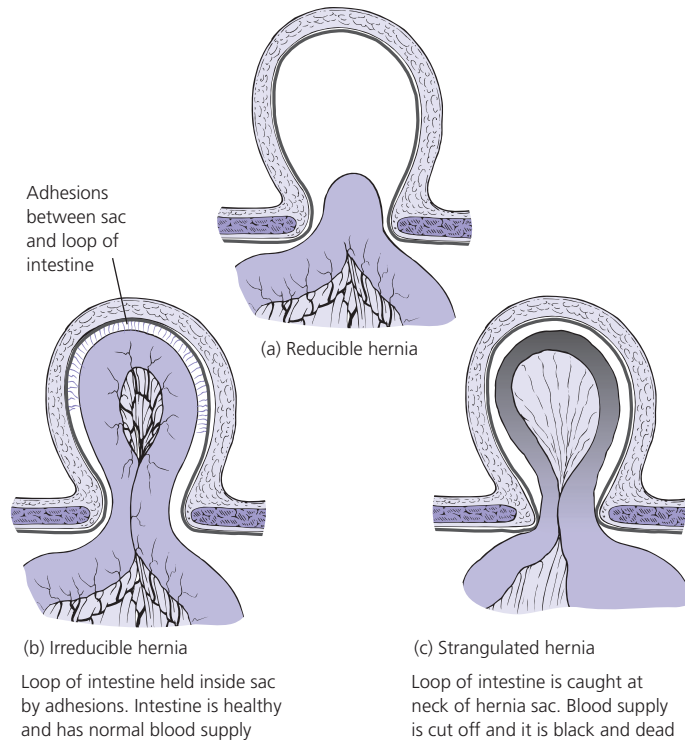
So, in this case:

- Is the lump in the skin or subcutaneous tissues? It could be a sebaceous cyst or lipoma.
- Is it vascular? It could be a saphena varix or femoral aneurysm.
- Is it an enlarged lymph node? An enlarged Cloquet's node may be difficult to differentiate unless there is an obvious primary focus of infection or tumour in the lymphatic drainage area of the groin nodes, or a generalized lymphadenopathy.
- Is it an inguinal hernia? It would lie above and medial to the pubic tubercle.

### What treatment would you advise this woman to have?

Femoral herniae are at great risk of strangulation. This is because they have a narrow neck and lie adjacent to the tough, sharp, reflected part of the inguinal ligament on the medial border. Indeed, many patients with this condition present as an emergency. Elective surgery is there-

†Jules Germain Cloquet (1790–1883), Professor of surgery, Paris.



**Figure 82.5** The differences between (a) a reducible, (b) an irreducible and (c) a strangulated hernia.

fore always advised in patients with a femoral hernia. Even in the unfit, the operation can be performed if necessary under local anaesthesia.

### What is a Richter's hernia?‡

This is where only part of the wall of the intestine involved in a strangulated hernia is trapped by the neck of the sac.

It is not a rare finding in a strangulated femoral hernia (or in the much less common obturator hernia), where the neck of the sac is small. The patient presents with a painful, tender, irreducible lump, but because the whole bowel lumen is not totally occluded, there may be no signs of intestinal obstruction.

‡August Gottlieb Richter (1742–1812), surgeon, Göttingen, Germany.