

Strangulated inguinal hernia containing a complicated sigmoid diverticulum, due to a foreign-body-provoked rupture –A unique case report

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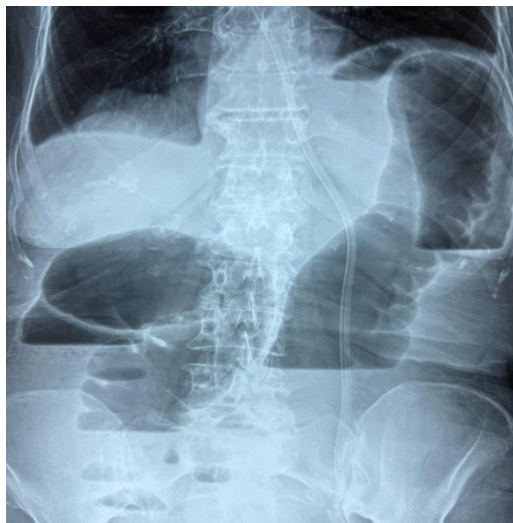
- Nikaia, Athens,Greece

48-YEAR-OLD MALE PATIENT  
NO MEDICAL HISTORY

### CLINICAL PRESENTATION

DIFFUSE ABDOMINAL PAIN  
RREBOUND TENDERNESS  
HIGH-GRADE FEVER  
INABILITY TO PASS FLATUS AND STOOLS  
FOR 2 DAYS  
DISTENDED ABDOMEN  
FLATULENCE  
ABSENT BOWEL SOUNDS

**A PAINFUL, IRREDUCIBLE LEFT  
INGUINAL HERNIA WAS PALPATED**



X-RAY: AIR FLUID LEVELS

**WBC**

**9.210**

**NEUTROPHILE**

**85,1%**

**CRP**

**> 300**

GIVEN THE ACUTE ABDOMINAL  
PRESENTATION AND ELEVATED  
INFLAMMATORY MARKERS, THE  
PATIENT UNDERWENT **EMERGENCY  
SURGERY**

### LEFT INGUINAL INCISION

INDIRECT INGUINAL HERNIA  
**THE HERNIA'S SAC CONTAINED THE  
SIGMOID COLON, AND A  
DIVERTICULAR RUPTURE CAUSED BY  
A FOREIGN BODY (A TOOTHPICK)**

### MEDIAN EXPLORATIVE LAPAROTOMY

FOLLOWED BY A SIGMOIDECTOMY AND  
COLOSTOMY (HARTMANN PROCEDURE)

HERNIA REPAIR WITHOUT MESH  
**BASSINI TECHNIQUE**

### RUPTURED DIVERTICULUM



SURGICAL SPECIMEN AND FOREIGN BODY

### POST-OP COMPLICATIONS

BILATERAL INCISIONAL SSI

### TREATMENT

ANTIBIOTIC THERAPY  
WOUND DRAINAGE  
DEBRIDEMENT  
DISCHARGE: 15<sup>TH</sup> DAY



PERFORATIONS OF THE SIGMOID COLON INTO AN INGUINAL HERNIA SAC ARE  
EXTREMELY RARE. **THE PRESENT CASE HIGHLIGHTS THE NEED FOR  
PROMPT IDENTIFICATION OF HERNIAS AS AN UNDERLYING CAUSE OF COLONIC  
OBSTRUCTION**, WITH CONFIRMATION OF THE **AVOIDANCE OF MESH PLACEMENT IN  
INFECTED OR COMPROMISED SURGICAL FIELD**