

Laugier's Hernia: An Uncommon Etiology of Inguinal Pain and an Overlooked Subtype of Femoral Hernia

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Abstract

Laugier's Hernia, a rare subtype of femoral hernia from Lacunar Ligament fiber weakening, is often overlooked during open repairs. Its recognition has increased with laparoscopic techniques. A 45-year-old male presented with exertional left inguinal pain and swelling. Examination suggested a direct inguinal hernia. During laparoscopic TEP repair, a 1 cm Lacunar Ligament defect was also found, medial to the femoral canal. Both defects were reduced and a 10 × 15 cm mesh placed. The patient was discharged on post-op day 1 without complications. Six-week follow-up showed no recurrence. Laugier's Hernia may be underdiagnosed in open repairs. Laparoscopic approaches enhance detection and effective management.

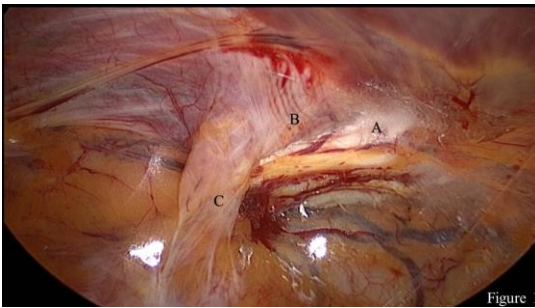


Figure 1: Posterior view of the left inguinal region during the procedure.

A: Pubic Ramus

B: Lacunar Ligament (Gimbernath's Ligament)

C: Herniated preperitoneal fat plug through Lacunar Ligament.

Main

Introduction: Laugier's Hernia, due to Lacunar (Gimbernath's) Ligament defects, lies medial to the femoral canal and was first described in 1833. Its rarity and challenging anatomy have led to underdiagnosis, especially with traditional techniques. Reported prevalence ranges from 0.1% to 1.1%. (1) We present a case diagnosed incidentally during laparoscopic inguinal hernia repair.

Case: A 45-year-old male with no prior medical history presented with exertional left groin swelling and pain. Exam and imaging revealed a 10 mm direct inguinal hernia. Standard TEP repair was performed after bladder emptying and intraoperative fluid restriction. A direct hernia (EHS PM1) and a Lacunar Ligament defect with preperitoneal fat were identified. No indirect hernia or cord lipoma was seen. (Figure-1) Both defects were reduced, and the myopectineal orifice was covered with a 10 × 15 cm polypropylene mesh fixed to Cooper's ligament. Post-op recovery was uneventful; VAS was 0 on day 1 and 7 on day 7. No recurrence was observed at six weeks.

Discussion: Femoral hernias account for <5% of elective groin repairs, more often seen in women and emergencies. (2) Laugier's Hernia is often missed due to subtle anatomy and similarity to standard femoral hernias. CT imaging can aid preoperative detection, while laparoscopic TEP enables definitive diagnosis and treatment. TEP offers full myopectineal visualization, unlike anterior approaches, reducing missed diagnoses.

Conclusion: Laugier's Hernia remains a diagnostic challenge, often discovered intraoperatively. Laparoscopic TEP is superior in identifying and treating such uncommon hernias, preventing recurrence and reoperation.

References

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