

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

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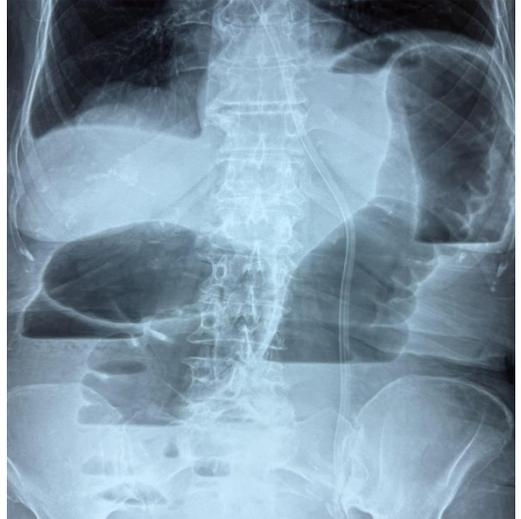
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48-YEAR-OLD MALE PATIENT  
 NO MEDICAL HISTORY

### 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

<b>WBC</b>	<b>9.210</b>
<b>NEUTROPHILE</b>	<b>85,1%</b>
<b>CRP</b>	<b>&gt; 300</b>

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