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Lateral Inguinal Hernia: A Case Report in a Rural Area

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Abstract--- *Inguinal hernia has the most presentation of all hernia cases, which is about 75% of cases. Some risk factors that increase the incidence of inguinal hernia are old age, male, connective tissue abnormalities, and low body mass index. External risk factors consist of smoking, chronic coughing and carrying heavy loads. Inguinal hernias can be identified from the earlier clinical course and given treatment as early as possible. Surgery is the only therapy for an inguinal hernia aimed at removing the peritoneal sac and covering the defects on the fascia in the inguinal wall. Cases of hernia in rural areas may have delayed treatment because of limited facilities and public awareness of its complications. Cases of inguinal hernia that are treated too late can be life-threatening. Some complications can arise. A comprehensive specific approach in patients with an inguinal hernia in rural areas can increase the cure rate for inguinal hernia sufferers.*

Keywords--- *carrying heavy loads, chronic cough, herniorrhaphy, inguinal hernia, remote areas, smoking habits.*

Introduction

An inguinal hernia is a condition of intestinal organs protrusion to a cavity through a defect or thin part of the inguinal ring (Amrizal, 2015). Inguinal hernia is one of the most typical surgical cases with varied clinical appearances. It can be identified from the earlier stage of the clinical course to The treatment options will depend on its onset and type of clinical appearance. Delayed treatment can lead to higher morbidity and mortality rates. It is commonly found in developing countries. Rao et al. (2016) showed that delayed treatment of inguinal hernia caused a lack of patient awareness and limited or incomplete facilities (Rao et al., 2016). Herein we report an inguinal hernia case in a rural area in east Indonesia (Nienhuijs et al., 2007; Liem et al., 1996).

Case report

A 48-year-old man was admitted to the emergency department with moderate-severe throbbing pain in the left groin since one year ago and was felt more painful. He had a lump that gradually grew in his left groin (Stienen et al., 2014; Duaso et al., 2017). The lump comes out if doing physical activity. The patient had been advised of surgery, but he refused. He denied other symptoms such as nausea-vomiting, unable to defecate, or fever (Haisman, 1988; Matsuo et al., 2008). The patient was compos mentis and had typical vital signs. Abdominal examination was routine. There was a soft lump with a diameter \pm 8 cm, like a ping pong ball, in the left inguinal region. It could not be pushed even in a lying position. The finger test was positive (Miltenburg et al., 1997; Holihan et al., 2015). He was diagnosed with a left lateral responsible inguinal hernia and planned herniorrhaphy; however, the patient initially refused. After the clinician explained patient and his family the complications of the inguinal hernia clearly, they agreed to the operative procedure. About four days after herniorrhaphy, his condition improved without significant complications, and his families were satisfied (Gibson & Vertigan, 2009; Dicipinigaitis, 2006).

Discussion

About 75% of abdominal hernia cases are inguinal hernias. Its prevalence varies around 100-300 per 100,000 population annually and is more common among men. The incidence of inguinal hernias was more commonly found

in women with chronic coughs, taller stature, and who live in rural areas (Wismayer, 2021). Types of activity and jobs in people with low socioeconomics can influence the incidence of hernias (Rawis et al., 2015). Inguinal hernias can show an asymptomatic clinical appearance or mild signs and symptoms. It can be classified into reparable and irreparable (Rao et al., 2016); Wismayer, 2021).

Operative is the only treatment for an inguinal hernia that should not be delayed because it can cause the risk of complications such as incarceration, strangulation, gastrointestinal gangrene, and testicles, as well as increased risk of infection and recurrence (Rawis et al., 2015). Repaired inguinal hernias are estimated at 100,000 cases yearly; however, there are fewer in Africa, i.e., 175 cases per 100,000 population annually. Most cases in rural areas were found in the late stage due to the patient's lack of awareness about his illness and financial problems (Rao et al., 2016); Wismayer, 2021). Research by Ohene-Yeboah in 2016 also showed that untreated inguinal hernias were associated with low socioeconomic status (Ohene-Yeboah et al., 2016). Incarcerated cases occur in 10% of cases, and remain was strangulation. These complications are common in the African region, requiring immediate surgical procedures. About 65% of cases with complications were performed with emergency repair surgery. However, the late mortality cases taken to the hospital were estimated at around 87%. Intestinal resection was performed at about 24% (Wismayer, 2021). Elective repair tends to reduce morbidity and mortality; therefore, the patient should be explained the early signs and symptoms of inguinal hernia, management, and complications (Rao et al., 2016).

Conclusion

Inguinal hernia is a typical case, including in rural areas. The only treatment of an inguinal hernia is surgery without delay due to complications that can arise. The total number of cases in rural areas is not appropriate to the number of cases that have received operative treatment. Due to the lack of public awareness about hernia and its complications, clinicians need to improve the understanding of patients and families.

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