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Spontaneous inguinal enterocutaneous fistula as a complication of incarcerated Richter's hernia - report of two cases

Rarely inguinal hernia may present with rare complication of spontaneous faecal fistula. Non-availability of proper medical care and unawareness of the condition are the major factors having potential for transformation of a relatively benign condition of inguinal hernia into complicated state of incarceration and strangulation. Case 1: A 50 year old female patient presented with passage of faecal material from the left inguinal region since the last one week. It was preceded with the history of a painful swelling in the same region about two weeks back for which incision and drainage was done. Magnetic resonance imaging showed features of left sided direct inguinal hernia with intact femoral canal. The patient did not opt for any surgical intervention, so was managed conservatively. Case 2: A 53 years old man presented to us with history of on and off discharge of yellowish debris from the left groin region since the last three years. Contrast fistulogram with urografin showed communication of the cutaneous opening with the jejunal loops. Magnetic resonance fistulogram confirmed the diagnosis. Patient underwent lower midline laparotomy. Mid-jejunum was found to be communicating with the fistula in the left iliac region which was dismantled and jejunum was repaired primarily. The fistulous tract was laid open and curetted. Postoperatively the patient developed SSI and was discharged on 14th postoperative day. Richter's hernia is an uncommon condition in which only a circumference of the antimesenteric bowel wall is incarcerated within the hernia sac leading to ischemia, gangrene and perforation of the hollow viscus. It has an early misleading presentation with tendency to early strangulation and the lack of obstructive symptoms which may lead to delay in diagnosis and hence increased mortality. Any part of intestine may get incarcerated but most commonly involves distal ileum, caecum and sigmoid colon. As only a segment of bowel is involved, luminal continuity is maintained, thus there is only partial intestinal obstruction with minimal clinical signs.

Biography

Ranendra Hajong is an Associate Professor in General Surgery at NEIGRIHMS, India. He has around 40 publications in various indexed journals and has presented papers in various scientific forums. His activities involve teaching undergraduate and postgraduate medical students, patient care services and research.

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