

Surgery and Dementia Congress 2019: Femoral hernia with incarcerated Meckel's diverticulum using wedge resection technique- Novia Nastiti- Semmelweis University, Indonesia

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Introduction

Littre hernia is defined as a hernia in which hernia sac contains Meckel's diverticulum. It presented with an irreducible mass in right femoral site diagnose preoperatively as an incarcerated femoral hernia. A Littre hernia is defined via the presence of Meckel's diverticulum in the hernia sac. At the commencement of the 18th-century French anatomist, Alexis de Littre first off stated ileal diverticula and authorized them to adhesion. Meckel's diverticulum is a remnant of the proximal part of the omphalomesenteric duct, which links the embryonic gut with the umbilical bladder until the fifth week of gestation. The prevalence of Meckel's diverticulum is 2% to 3%, and generally, it isn't always symptomatic. Only 4% to 6% of instances will produce signs and symptoms (greater frequent during infancy), the major manifestation being rectal bleeding, every so often big, due to the presence of gastric mucosa. Meckel's diverticulum, being found in approximately 2% of the person populace, is one of the maximum frequent congenital anomalies of the gastrointestinal tract. It is generally observed at the antimesenteric border of the ileum, 20 cm to 90 cm from the ileocecal valve. It habitually gives no specific symptoms, and simplest round four% of the patients, having a Meckel's diverticulum, enjoy associated complications. These include gastrointestinal bleeding, bowel obstruction, infection, and perforation. The lifestyles of Meckel's diverticulum in a hernia sac are pretty uncommon, and its exact frequency remains unknown. A Littre hernia is usually supplied as an inguinal, umbilical or femoral hernia. Its symptomatology is just like another hernia containing small gut, and as a end result, its diagnosis is regularly made intraoperatively. The ileal loop, to which the Meckel diverticulum is attached, usually follows within the hernia sac and may come to be incarcerated or even strangulated. The cause of our case presentation is to put up and implement the literature via studies of adult litter hernias and compare their medical presentation and treatment method.

Case Study: This case study of a femoral hernia with incarcerated Meckel's diverticulum happened to 30-year-old male. Case which has been carried us, through tough explaining in critical care condition. The diverticulum was resected using wedge resection technique. Meckel's diverticulum is an intestinal diverticulum which arises due to the failure of omphalomesenteric duct obliteration in the fifth week of fetal development. The incidence of this disorder is between 2-3% and is the most common congenital anomaly in the gastrointestinal tract. Management of liter hernias must be done surgically. Littre hernia with incarcerated Meckel's diverticulum in femoral hernia. In this case, the treatment was wedge resection surgery followed by repair of the femoral hernia defect.

The patient was operated with the diagnosis of strangulated right groin inguinal hernia, and the exploration of the contents of the hernia sac found an incarcerated a non-necrotic Meckel's diverticulum (Figure 1). Resection of an ileal loop carrying the diverticulum with immediate restoration of the digestive continuity by the end to end ileal anastomosis. The rest of the bowel was carefully examined and was reduced into the abdomen. Herniorrhaphy, according to the method of Mac-Vay, was performed. The postoperative period was smooth, and the patient was discharged on the 6th post-operative day. He was followed in OPD, and after a sixth month, there was no recurrence.

Results and Discussion: A Littre hernia is an uncommon problem of Meckel's Diverticulum (MD), and it's far a effect of its protrusion via a herniary orifice. Its occurrence is hitherto unknown but is described that 1% of sufferers having an MD will develop a Littre hernia. It should be outstanding from Richter hernia, wherein part of the intestinal wall is strangulated within the hernial sac, but no MD is worried. The unusual protrusion of Meckel's diverticulum via an orifice inside the abdominal wall is what is referred to as Littre's hernia and changed into first described through Alexis de Littre (1700). Meckel's diverticulum is a real intestinal diverticulum and arises because of the failure of the omphalo-mesenteric duct to obliterate for the duration of the 5th week of fetal improvement. With an occurrence of round 2% to 3%, it's far the most commonplace congenital anomaly of the GastroIntestinal Tract. It is named after Johann Friedrich Meckel (1809) who publishes a selected description of its anatomy and embryonic beginning. It takes place on the antimesenteric edge of the ileum and can be found 10 cm to a hundred and fifty cm (on average ninety cm) from the ileocaecal valve. It habitually measures from four cm to 6 cm in duration and a couple of cm in diameter. It incorporates all of the regular layers of the intestinal wall. In approximately 50% of instances, it has some proof of ectopic gastric, pancreatic, duodenal, colonic, or biliary mucosa. 60% of Meckel's diverticulum becomes symptomatic earlier than the age of ten, and around 70% earlier than the age of 40 years. It could be very often a fortuitous discovery at some stage in a laparotomy. Three styles of hernia were defined in keeping with their content: the hernia of Littre (contains a Meckel's diverticulum), Richter (contains an anti-mesenteric part of the small gut) or Amy and. (Hernia appendix). A Littre hernia containing only MD is known as a true Littre hernia, whilst the simultaneous presence of small intestine or further stomach viscera in the hernia sac justifies a blended Littre hernia

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