

Strangulated Inguinal Hernia in an 80-Year-Old Man

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Opinion

The incidence of inguinal hernia is higher in elderly male patients because of aging-related diseases. Constipation, prostatism, coughing and weakness of the abdominal wall, be main factors in the development of inguinal hernias. Incarceration and strangulation are a common risky complication, which are the leading causes of surgical emergency. Emergency surgery in elderly patients has a high morbidity and mortality rate [1]. A watchful waiting policy in elderly patients with asymptomatic hernias is dangerous because incarceration and strangulation of acute hernias can be fatal (Figure 1) [2]. we report an 80-year-old man who presented with a strangulated inguinal hernia and (Figure 2) who ended by small bowel resection. An 80-year-old man was admitted to our hospital complaining of a painful inguinal mass and vomiting of one day duration. He had an irreducible inguinal hernia for twenty-five years (watchful waiting policy). On examination, the inguinal mass was tender and irreducible. Radiological investigations (ultrasound and CT) showed small bowel in the hernia (Figure 3), and impairment blood flow in the mesentery of the bowel inside the hernia. The patient was admitted to the hospital with a diagnosis of strangulated inguinal hernia. At surgery, the strangulated small bowel was resected (40cm (about 1.31ft)), and end-to-side anastomosis done. This case showed the importance of balance between the risks of elective surgery versus the risks of a watchful approach [3].



Figure 1: Hernias.

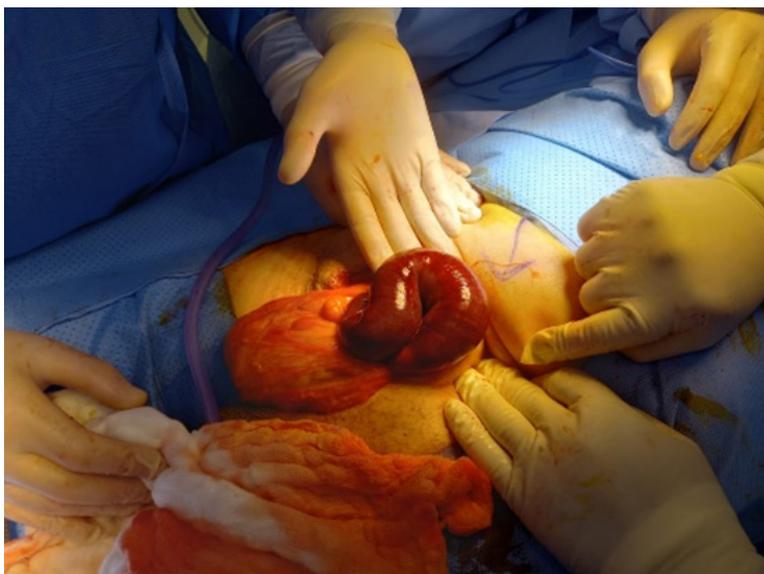


Figure 2: Strangulated inguinal hernia.



Figure 3: Radiological investigations (ultrasound and CT) showed small bowel in the hernia.

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