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RESEARCH ARTICLE

SPONTANEOUS ENTEROCUTANEOUS FISTULA FOLLOWING FEMORAL HERNIA : A RARE COMPLICATION

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Abstract

Femoral hernias are the second most common type of hernias. Femoral hernia presenting as enterocutaneous fistula is a rare entity. A 51 year old female came with complaints of fecal discharge from the wound over groin. On exploration, it was found out to be a femoral hernia which had led to enterocutaneous fistula. Because of its rare presentation, we hereby sensitise the medical fraternity to it.

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INTRODUCTION

A hernia is an abnormal protrusion of a part or whole of viscus through an abnormal opening in the wall of the cavity which contains it. Femoral hernia is the second most common hernia and is more common in females than in males(1). Diagnostic error is common and often leads to delay in diagnosis and treatment(2). One of the disastrous complication of long standing, neglected femoral hernia is enterocutaneous fistula which can occur spontaneously or following improper surgical techniques. A handful cases of spontaneous enterocutaneous fistula following femoral hernia have been described in literature(3,4,5,6). Here we present such a rare case.

CASE REPORT

A 51 year old female presented to our institute with the chief complaint of swelling over right groin since 5 years. The swelling suddenly burst open to discharge feculent matter since 4 days. She had no other symptoms. Her past and medical history were insignificant.

On examination, she was found to have an ulcer of size 8*6 cm over the inner half of right inguinal ligament with feculent matter coming from the ulcer. Surrounding skin was excoriated.



Figure 1: Enterocutaneous fistula in right thigh

She was taken for exploratory laparotomy. Intra-op, the internal opening of the fistula was seen in the jejunum and the external opening was through the femoral canal. Fistulous tract was excised followed by resection and anastomosis of the involved jejunal segment. It was a case of long standing femoral hernia which spontaneously resulted in enterocutaneous fistula. Patient was stable and was discharged on 7th post-op day. She is in regular follow up.



Figure 2: Post-op wound

DISCUSSION

Unlike inguinal hernias, femoral hernias are more prone for strangulation because of the narrow neck. Usually strangulated femoral hernias present with features of intestinal obstruction. Fistula has been reported as a rare complication in long standing and neglected femoral hernias where medical services are not available(7). Unless the underlying pathology is corrected, these fistulas are unlikely to heal. Following surgery, results are good. This is one such rare complication of femoral hernia presented to the medical fraternity.

CONSENT

Written and informed consent was taken from the patient attenders.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

AUTHORS CONTRIBUTION

RSJC assisted the surgery, drafted and managed the manuscript. ADH performed the surgery and critically reviewed the manuscript. AVG and P prepared the patient for surgery. Finally all authors approved the manuscript.

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