

## CASE REPORT

### DISCOVERY OF AN UNKNOWN HERNIA-A CASE REPORT (TARIQ'S HERNIA)

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#### ABSTRACT

Some hernias, e.g. Inguinal and Umbilical are so common that almost everybody is familiar with them. Whereas, there are others, e.g. Obturator and Perineal etc which are so rare that even very Senior and Experienced Surgeons hardly find once or may not encounter them at all in their life time. Here, we present a Case of hernia at an anatomical site, hitherto unknown and unreported in the World Medical Literature. Since many hernias are named after their discoverers, therefore, this hernia is suggested to be named/labelled after the 1st Author (Tariq) who discovered this type of hernia and operated upon this patient as well.

**Keywords:** Hernia, Inguinal, Rare.

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#### INTRODUCTION

Hernia is a very common condition and almost everybody is familiar with it. Some are routine, like Inguinal Hernia and Umbilical/Paraumbilical Hernia etc while others are so rare that they are hardly encountered in a Surgeons' life time, e.g. Obturator Hernia, Sciatic Hernia and Perineal Hernia etc. The First Author, while working abroad in Saudi Arabia, discovered a very unique and unknown Hernia in the Groin, unreported in the World Medical Literature till date. Here this case is being presented.

#### CASE REPORT

A 38 years old Bangla Deshi patient, who was a Supervisor in a company, was admitted to Dar al Shifa Hospital Riyadh, Saudi Arabia on 21st Feb, 2015 with Pain Left Groin of 02 weeks duration. There was no bowel/urinary disturbance or H/O cough or lifting heavy weight. There was no H/O Trauma or Surgery in the past. He was a non-smoker. There was nothing relevant in the Medical or Family history.

On examination, a reducible swelling was found in the left groin with positive cough impulse. Abdomen was alright and chest

clinically clear. A diagnosis of Left Inguinal Hernia was made. He was operated the same day.

#### Operative Findings

There was a Left Inguinal Hernia (Direct plus a small sac (Bubonocoele), approximately 6-7cm lateral to the Inferior Epigastric Artery/Spermatic Cord, practically through the abdominal wall musculature with sizable extraperitoneal fat. In fact, there were two Direct Inguinal Herniae one through the posterior wall of inguinal canal and the other through the lateral part of lower abdominal wall. So, it was a special type of Dual/Pantaloon/Saddle Bag Hernia so far unseen/unreported in the Medical Literature (fig-1).

Both the sacs were reduced and defect in the abdominal wall (posterior inguinal wall as well as lateral musculature) repaired and re-inforced with Prolene Mesh. He was discharged home next day on 22nd Feb, 2015 and stitches removed on 10th Post-op Day. Afterwards, he had an uneventful recovery and was found to be alright on regular follow up.

#### DISCUSSION

Hernia is a Greek word which literally means a Bud, an offshoot or a Bulge and technically defined as, "protrusion of a viscus or part of a viscus through a potential weakness in the wall of the cavity containing it"<sup>1</sup>. They can be

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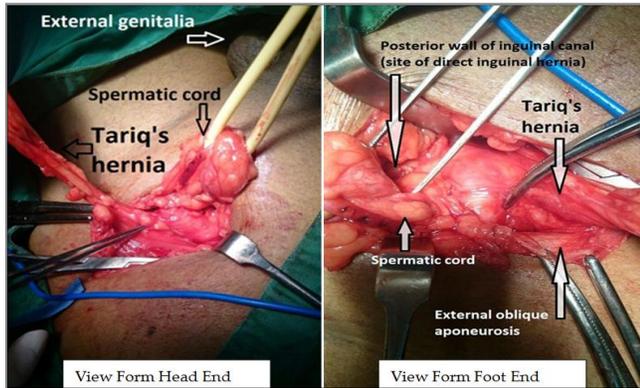
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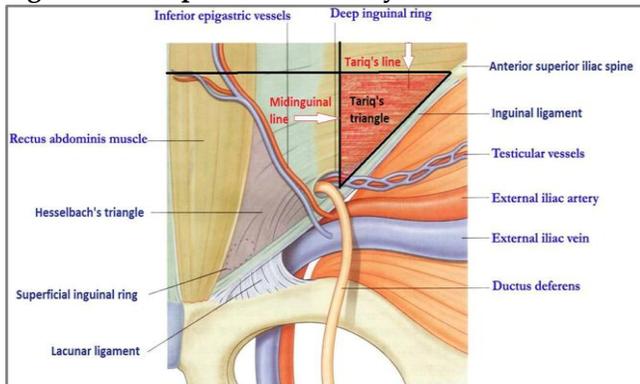
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Congenital or Acquired regarding Aetiology but can be External, Diaphragmatic and Internal according to their location<sup>2</sup>. Inguinal hernias comprise 75% of all abdominal wall hernias with 27% life time risk in men and 03% in women.

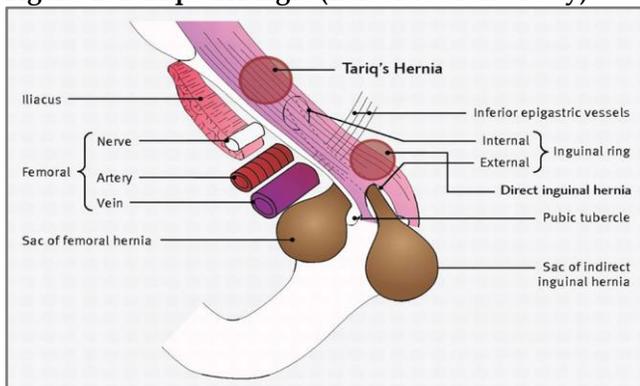
Common sites for herniation are<sup>3</sup> Inguinal,



**Figure-1: Per-operative Anatomy.**



**Figure-2: Tariq's Triangle (Left side of the Body).**



**Figure-3: Site of Tariq's Hernia.**

Femoral, Epigastric, Umbilical, Para-umbilical and Incisional.

Rare Hernias include<sup>4</sup> Hiatus Hernia, Diaphragmatic Hernia, Internal Hernias<sup>5</sup>, {Para-

duodenal (50-55%), Foramen of Wins-low (6-10%), Trans-mesenteric (8-10%), Peri-caecal (10-15%), Intersigmoid (4-8%), Para-vesical hernias (less than 4%)}, Obturator Hernia, Lumbar Hernia, Sciatic Hernia, Perineal Hernia and Sports Hernia (Athletic Pubalgia).

Some named Hernias are Amyand Hernia, Bochdalek Hernia, Cooper's Hernia, De Garengeot Hernia<sup>6</sup>, Gilmore's Hernia/Athletic Hernia, Grynfelt Hernia, Littre's hernia, Maydl Hernia, Morgagni Hernia, Petersen's Hernia, Petit's Hernia, Richter's Hernia, Romberg Hernia, Rokitsansky Hernia, Spigelian Hernia<sup>7</sup>, Tariq's Hernia and Velpeau's Hernia.

**Tariq's Hernia: (Lateral Direct Inguinal Hernia/ Lateral Aberrant Inguinal Hernia)**

Inguinal hernias are the most common abdominal hernias both in men and women. Generally, there is a higher prevalence in the Males (M:F, 8:1). However, for anatomical reasons (wider pelvis), Females are more affected by Femoral Hernias.

There are two types of Inguinal Hernias i.e., Indirect Inguinal Hernia (2/3rd) in which the sac exits through the Internal Inguinal Ring and the Direct Inguinal Hernia (1/3rd) which protrudes through Hesselbach's Triangle. This special type of Hernia which, we call Lateral Direct Inguinal Hernia or Lateral Aberrant Inguinal Hernia or Tariq's Hernia protrudes through Tariq's Triangle (fig-2) which is bounded by Inguinal Ligament inferiorly, Mid-inguinal Line medially and Tariq's Line superiorly (anterior superior iliac spino-spinous line; the line which connects two Anterior Superior Iliac Spines).

The Hernia, which was discovered, had two Direct Sacs, one medial to the inferior epigastric artery (through Hesselbach's Triangle) and the other lateral to the inferior epigastric artery (through Tariq's Triangle). So, this was a Special type of Pantaloons/Saddle Bag Hernia or Tariq's Dual Hernia (fig-3) because here both the legs of Pantaloons comprised Direct Hernial Sacs, one medial and the other lateral to the inferior epigastric artery or it can also comprise one Indirect

Hernial Sac and the other Lateral Direct Hernial Sac (through Tariq's Triangle) while the classical Pantaloon Hernia consists of an Indirect Sac plus a Medial Direct Hernial Sac (through Hesselbach's Triangle).

### Clinical Features

The clinical features of Hernias include a reducible swelling with positive cough impulse. In this very case (Tariq's Hernia), the swelling is significantly lateral to the mid-inguinal point, not usually expected in classical inguinal hernias. The First Author had encountered several similar small lateral inguinal bulges in the past but could not think of any other variety of Hernia until a sizable hernial sac was discovered per-operatively.

### Diagnosis

It is mainly clinical but Occult Hernias are impossible to be diagnosed clinically, so they need Imaging for Definitive Diagnosis. Ultrasonography can help in this regard<sup>5-8</sup>. Similarly CT Scan/MRI can be of some use in doubtful/complicated cases<sup>9</sup>.

### Treatment

No doubt, the Treatment of Hernia is Surgery which can be Open Surgery or Laparoscopic Surgery (TAPP = Tars-Abdominal Pre-Peritoneal or TEP = Totally Extra-Peritoneal Approach).

Both the Procedures have their advantages as well as disadvantages. Now the trend is towards Minimally Invasive Procedure, i.e., Laparoscopic Surgery which gives smaller scar, less post-operative pain, early recovery and fewer complications, like Haemorrhage and Infection etc but at the same time, it needs specialized equipment, expertise, longer operative time and higher risk of hernia recurrence. Over all, Open and Laparoscopic Techniques have similar results. However, Laparoscopic Repair is usually

reserved for Recurrent or Bilateral Hernias<sup>10</sup>.

### CONCLUSION

We have to be vigilant during Inguinal Hernia Repair because if we overlook this unusual or rare sac, it can be a cause of so-called Recurrent or/and in fact Missed Hernia.

No doubt, Pakistani Doctors are very intelligent, innovative and second to none in the world. They should not hesitate to share their observations and experiences. Their discoveries and innovations should be appreciated, acknowledged, honoured and quoted after their names by the Medical Community.

### CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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