



Direct inguinal hernia

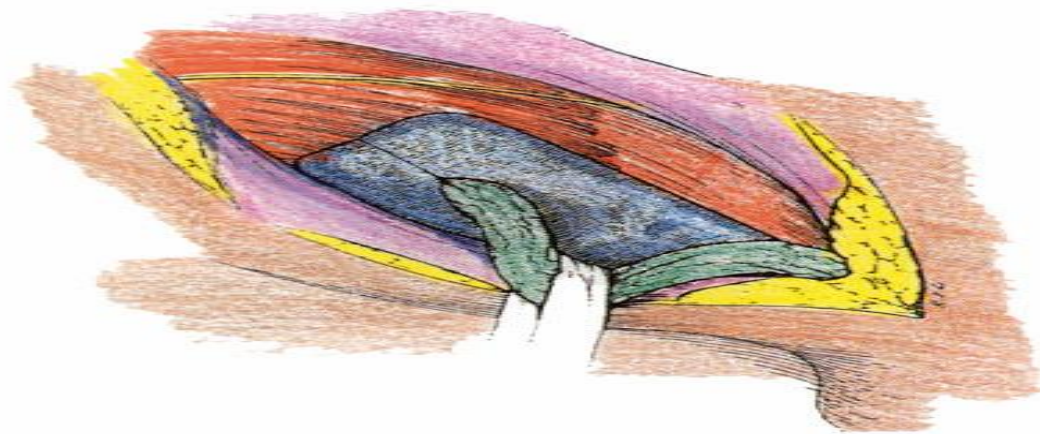
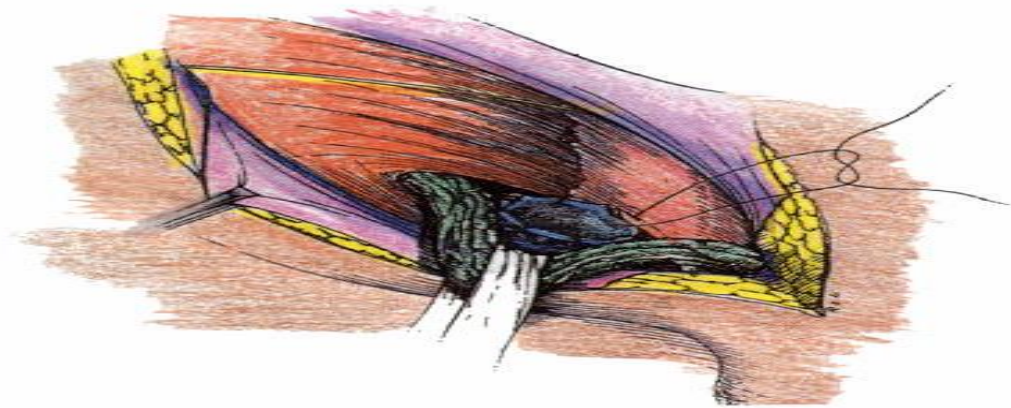
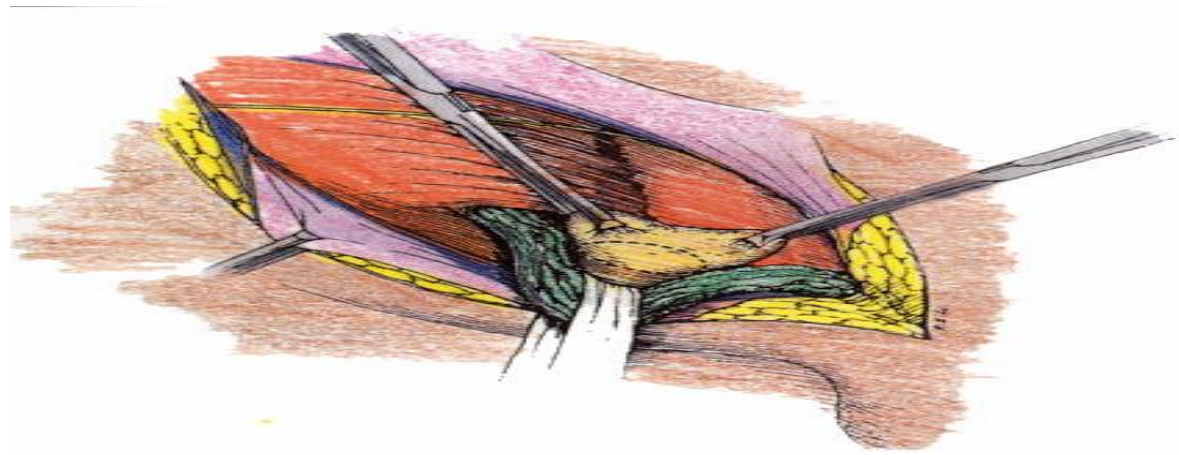
It is an adult male hernia

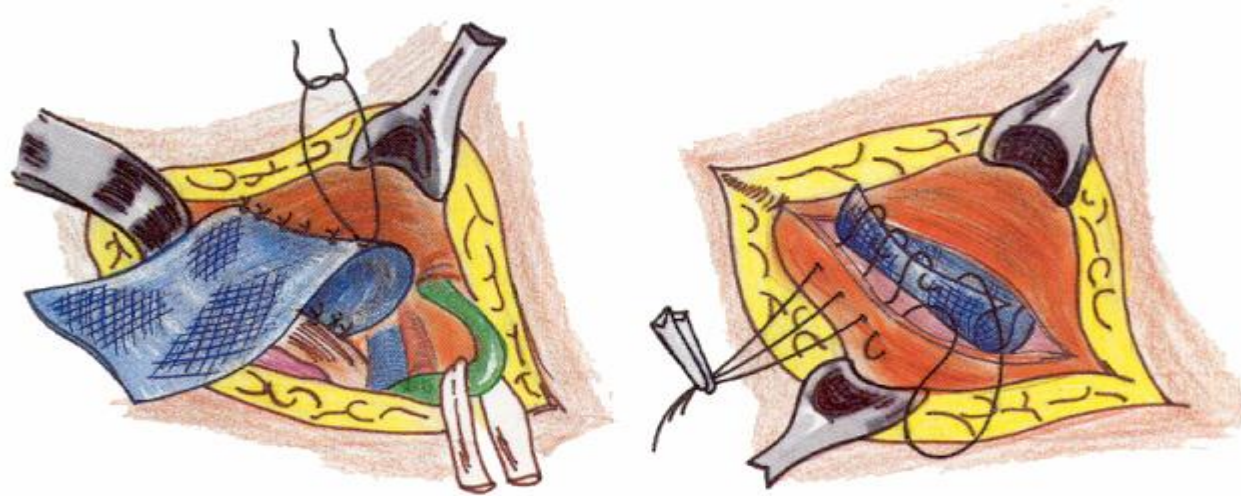
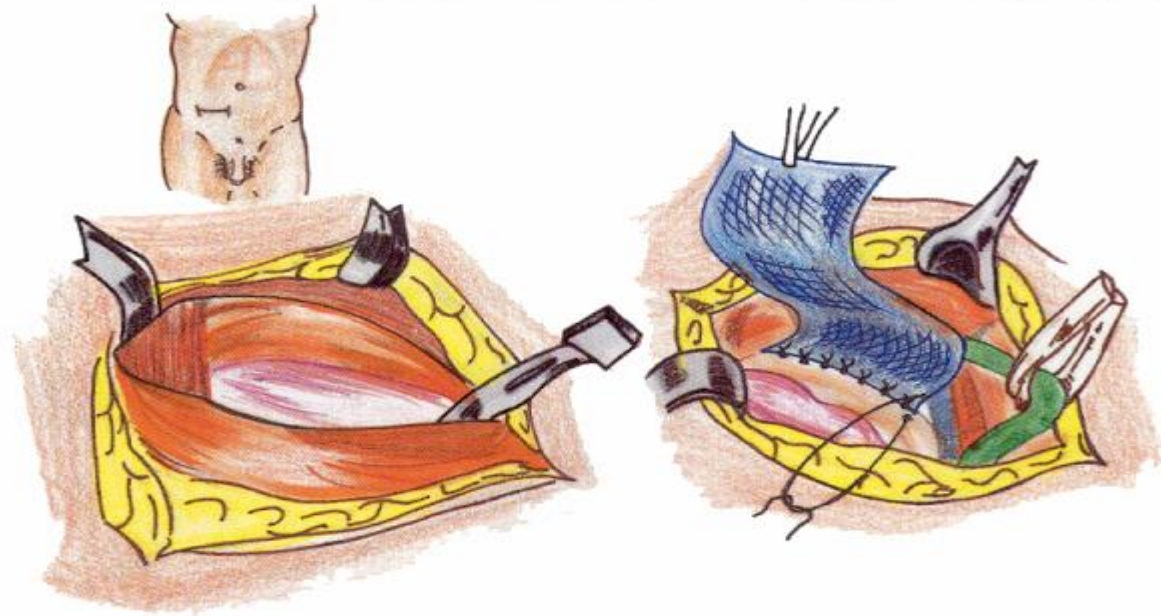
The sac arise from posterior wall,
medial to the inferior epigastric vessels

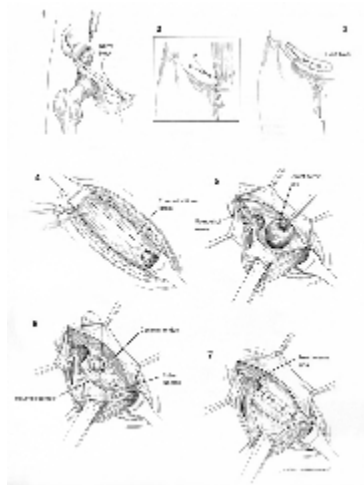
- n To differentiate direct from indirect hernia by obliteration test
- n Which mean obliteration of deep ring by thumb ask patient to cough after reduction it should not appear

Treatment;

- I The same principle herniorraphy of indirect inguinal hernia, with sac invaginated to inside instead of excision







Sliding hernia

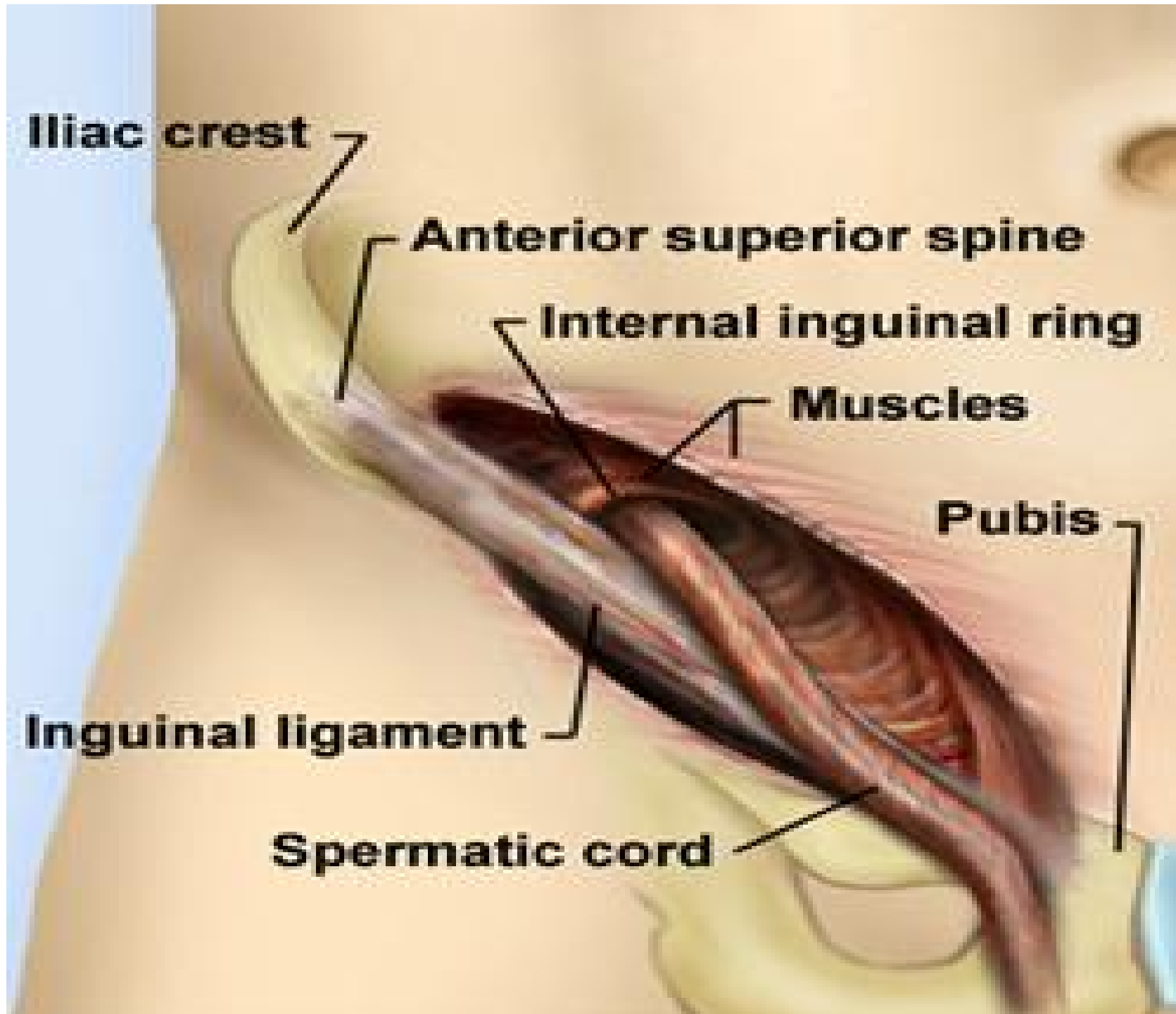


Clinical features symptom

- | Pain ;sever pain ,at site of hernia ,then become generalized colicky ,central abdominal pain
- | Nausea ,vomiting
- | Absolute constipation (no feaces nor flatus)
- | If this not relieved followed by generalized peritonitis and paralytic ileus (stop colicky pain)

Sign

- Tender hernial site
- Irreducible
- No expansile cough impulse
- Patient looks pale, tachycardia,
- Bowel sound exaggerated, and absent in advanced condition





Treatment

- **Fluid replacement**
- **Antibiotic**
- **Emergency operation**
- **Repair of hernia according to site and age**





Femoral hernia

- n It is a herniation through femoral canal ,
- n It is more in female ,
- n It is liable for strangulation

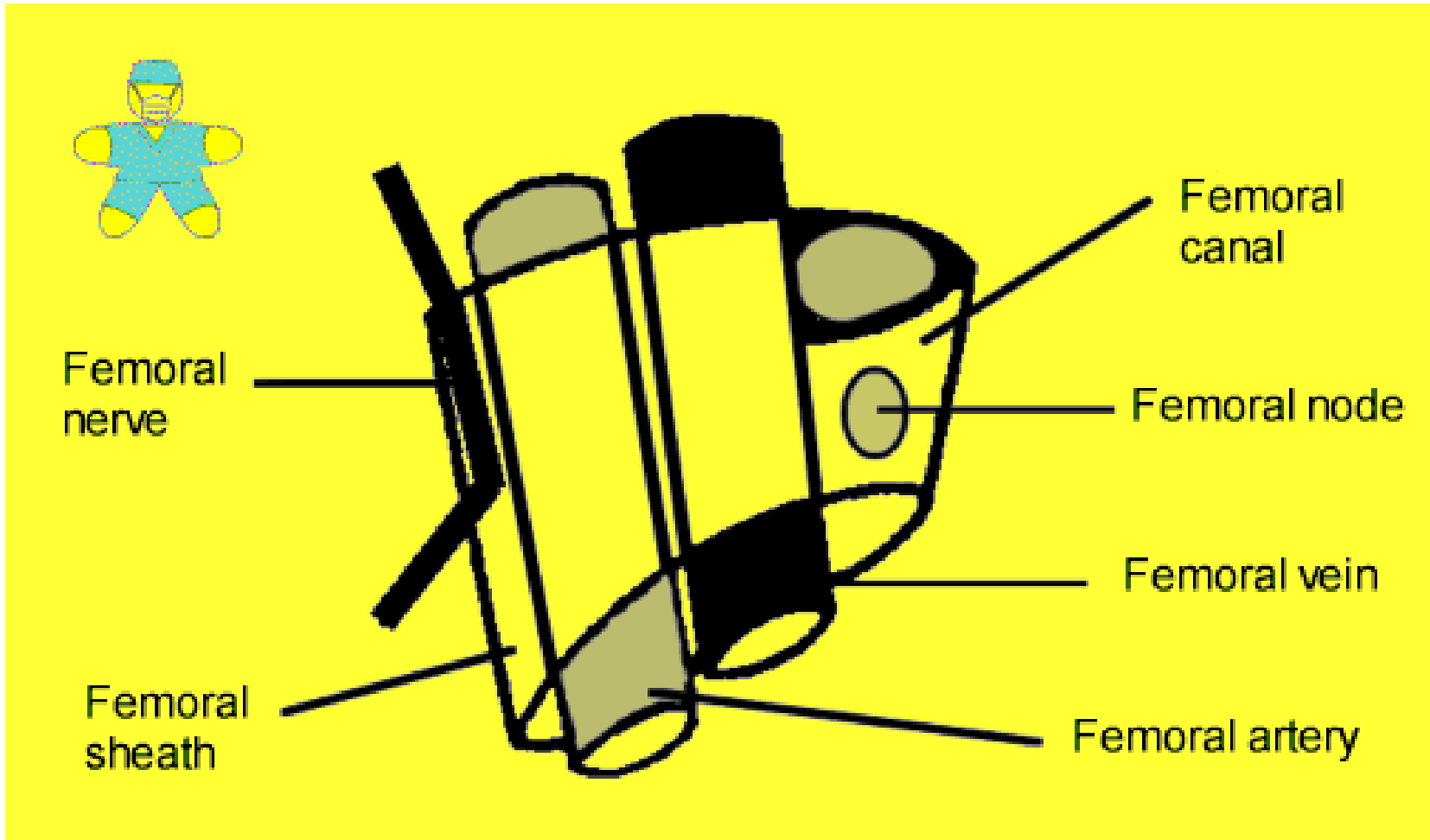


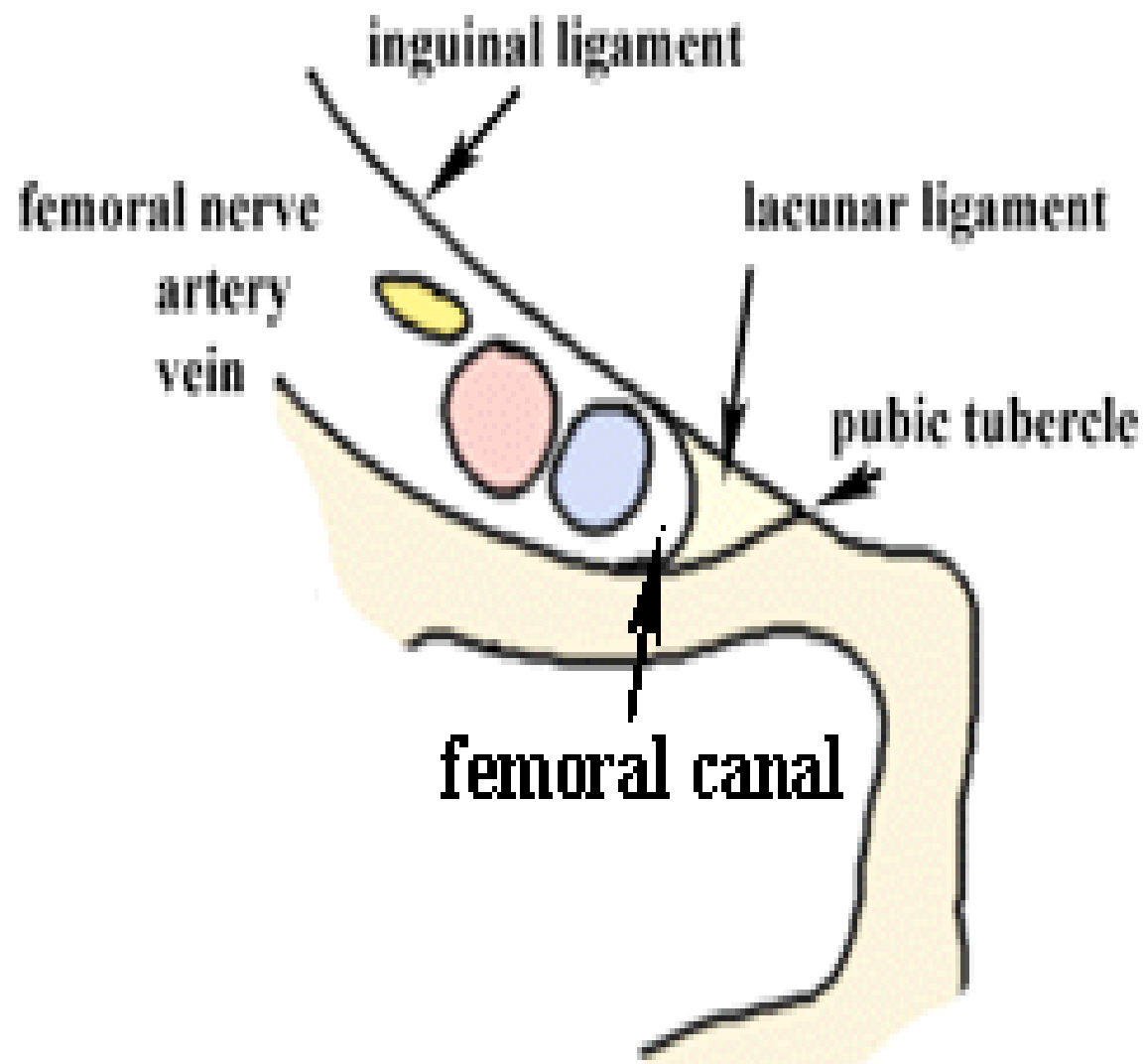
The femoral canal

- n is the most medial part of femoral sheath
- n ,it contain fat,lymphatic vessels &LN

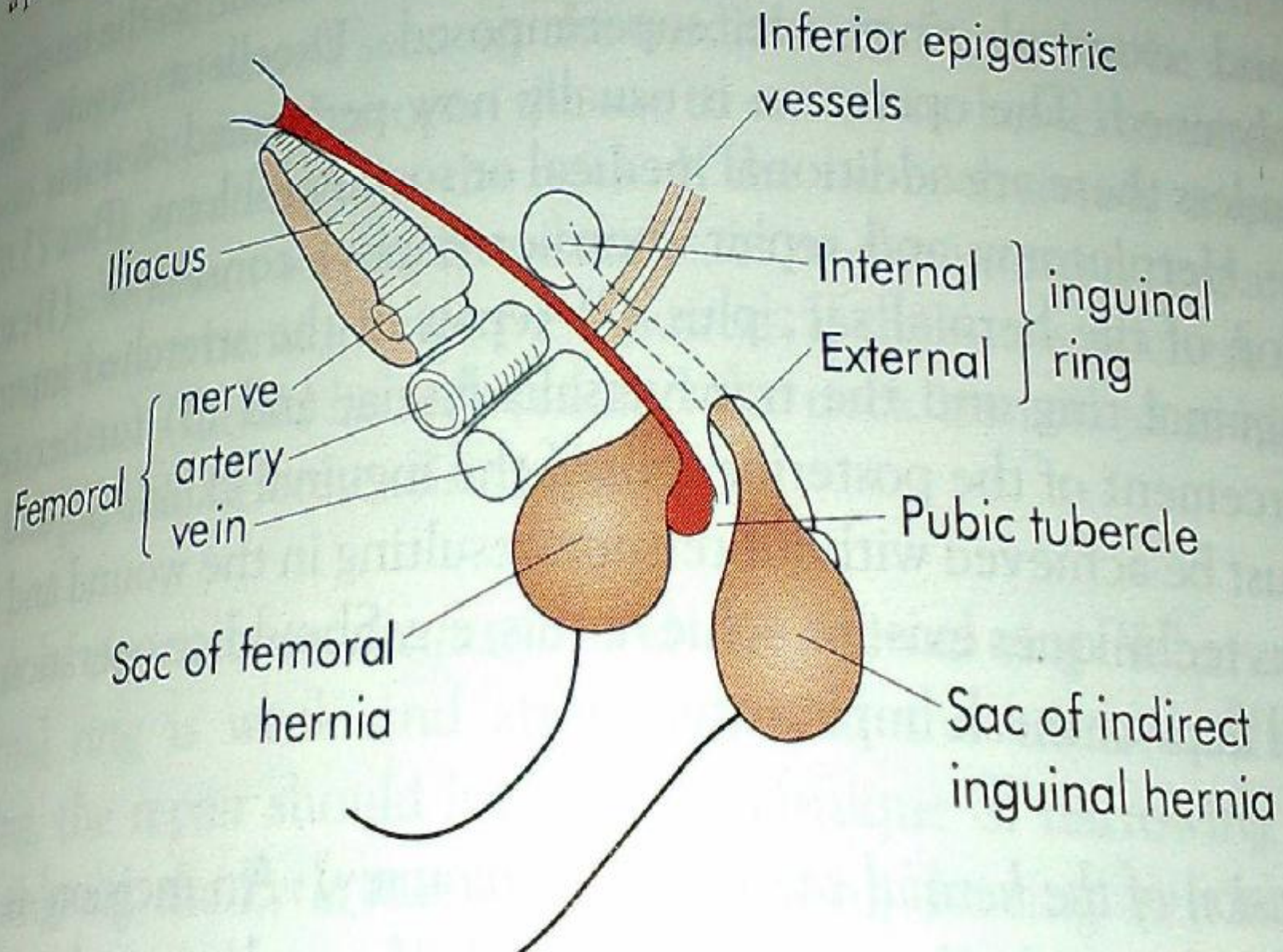
Femoral ring boundaries

- q Ant. Inguinal ligament
- n Post ;iliopectineal lig. Pubic bone&facia over pectineus muscle
- n Med; lacunar lig.
- n Lat ; thin septa separate it from femoral vein





...sided. The incidence of
explored in an infant presenting with a patent processus vaginalis on the other side is 60% (Box 73.5).





Clinical features

- | It is rare below 20 years
- | It is rarely cause symptom ,it may present for years without complaint till present with strangulation
- | Patient may notice a lump
- | Patient may complain of mild pain

Diferential diagnosis

- § Inguinal hernia
- § Saphena varix
- § Enlarged femoral LN
- § Lipoma
- § Psoas abscess
- § Psoas bursa

Treatment

- n Surgical repair as early as possible , because it is very liable for strangulation
- n Lockwood operation;(low approach)
- n Mc evedy operation (high approach)
- n Lotheissen's operation (inguinal approach)

Umbilical hernia

- This hernia through a weak umbilicus ,it is rarely get obstructed ,it is often not painful



Treatment

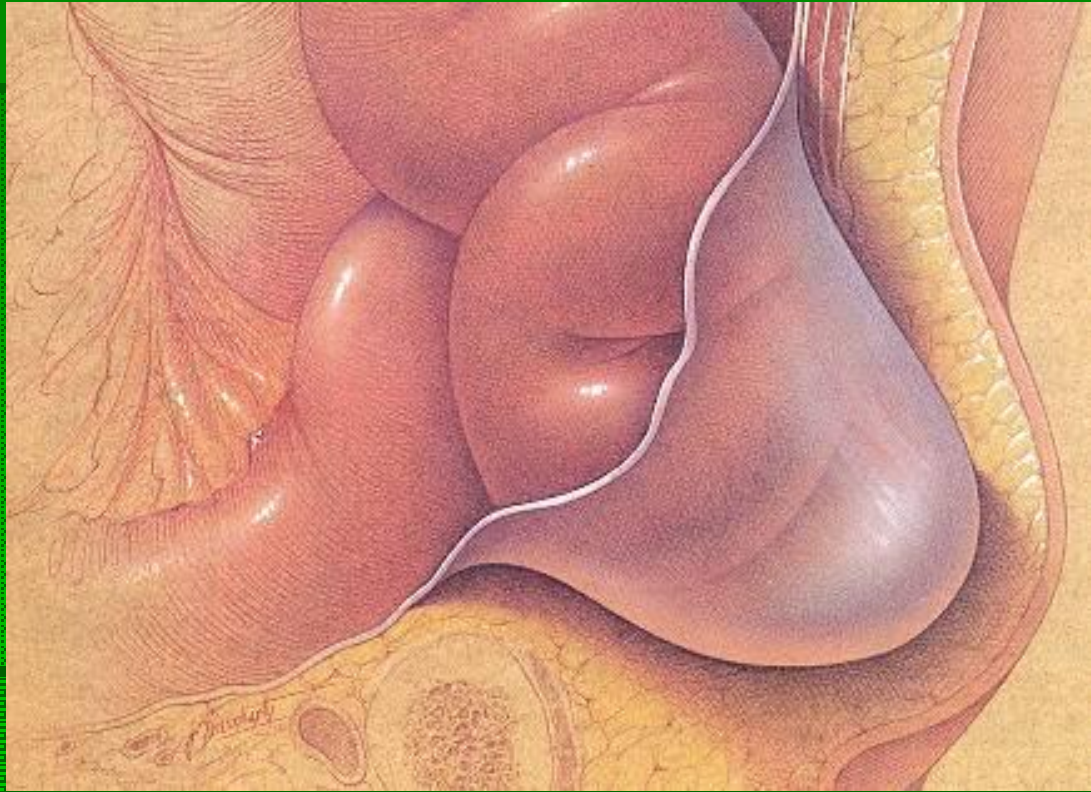
- § Reassurance of family ,most of them closed spontaneously before 2year
- § Hernia remain after 2 years should be closed surgically



Paraumbilical hernia

- n It is a defect in the linea alba above or below umbilicus
- n The content of the sac is usually omentum or/plus bowel





Clinical feature

- n Female > male by five time
- n Adult ,above 30 years
- n These patient usually multiparus and over weight
- n Patient may complain of attack of colicky pain ,due to partial obstruction
- n It might be irreducible due to adhesion of omentum to the sac







Treatment



- n Surgical repair by Mayo's repair
- n It is double layer unabsorbable interrupted suture

