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Following surgical principles avoids: Disaster– A case report

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Abstract
Acute abdomen is sudden abdominal pain, requiring urgent diagnosis and investigation to avoid serious complications/outcome by providing immediate medical care and or surgery. A thorough history taking and physical examination of abdomen are must for early diagnosis and surgical intervention. A careless physical examination can miss inguinal hernia which may be obstructed or strangulated and can lead to disaster. In this our case planned and careful examination prevented the disaster as the patient was diagnosed as a case of acute appendicitis with pain in RIF.

Keywords: inguinal hernia, intestinal obstruction, obstructed hernia, physical examination of abdomen

Introduction

History taking and physical examination are main tools to reach at a clinical diagnosis. It is always a good practice to observe the patient keenly as soon as he enters into your clinic. Observing his face, body posture, gait, and the way he sits on chair can help you reaching the diagnosis even before any history or physical examination is done. History taking and a thorough physical examination are more important when you are dealing with acute abdomen.

"Acute abdomen" means the patient complains of an acute attack of abdominal pain that may occur suddenly or gradually over a period of several hours and presents a symptom complex which suggests a disease that possibly threatens life and demands an immediate or urgent diagnosis for early treatment. A careful history should be taken indicate the symptoms of the patients and a careful examination to find out the physical signs and their interpretations which are of high significance to come to a diagnosis in these cases. It goes without saying that how important it is to make the diagnosis as early possible in these conditions. Delay will definitely worsen the condition of the patient and may lead to fatal outcome [1].

Acute abdominal conditions are common and of multiple and diverse etiologies. The prevalence of specific diseases depends upon sex, age and country of origin. The clinician has to determine whether the patient should undergo a laparotomy before the onset of generalized peritonitis becomes established, with its attendant significant mortality and morbidity, or whether it is safe to wait, observe, and undertake further investigation. A detailed history is essential and the examination is central to the decision making process [2].

Surgical principle is that examination of abdomen, whether acute or not, is not complete without a per rectal examination and examination of genitalia and inguinal regions. We have made a plan of examination of abdomen starting from examination of genitalia and inguinal regions in male patients before examining the abdomen so as not to miss examination of genitalia and inguinal regions.

Case Report

Mr. Atma Ram, aged 56 years male, admitted with pain in abdomen in right lower quadrant for past 7 days, with diagnosis of acute appendicitis from the referral doctor. He was having vomiting also off and on. He was passing flatus occasionally and small quantity of loose stools. He was under treatment of a general practitioner. There was no history of fever, diabetes, burning during micturition, haematuria, peptic ulcer disease, jaundice, tuberculosis, pancreatitis and urinary tract infection. There was no past history of such abdominal pain. On examination, pulse was found 96 per min, temperature 98^0F, blood pressure 110/72 mmHg. He was looking sick and dehydrated. We first examined genitalias and inguinal regions, as per our routine procedure. There was a vague lump in right inguinal region – right inguinal hernia, there was no cough impulse in the swelling. Abdomen was distended with sluggish bowel sounds. Abdomen was soft, distended and non tender except in RIF (Right Iliac Fossa). There was no rebound tenderness or muscle guarding. The tenderness was mild to moderate in RIF. Per rectal examination was normal. We advised required investigations with CT scan. On CT scan of abdomen acute intestinal obstruction was found with multiple fluid levels and distended small bowel loops. The diagnosis of acute intestinal obstruction due to obstructed right inguinal hernia was confirmed.

Fig 1. Urgent operation was done to relieve obstruction by open method. The obstructed loop of small bowel was found normal and not gangrenous. Small bowel loop was introduced back to abdomen and hernioplasty was done. Patient was discharged after five days in fine condition.

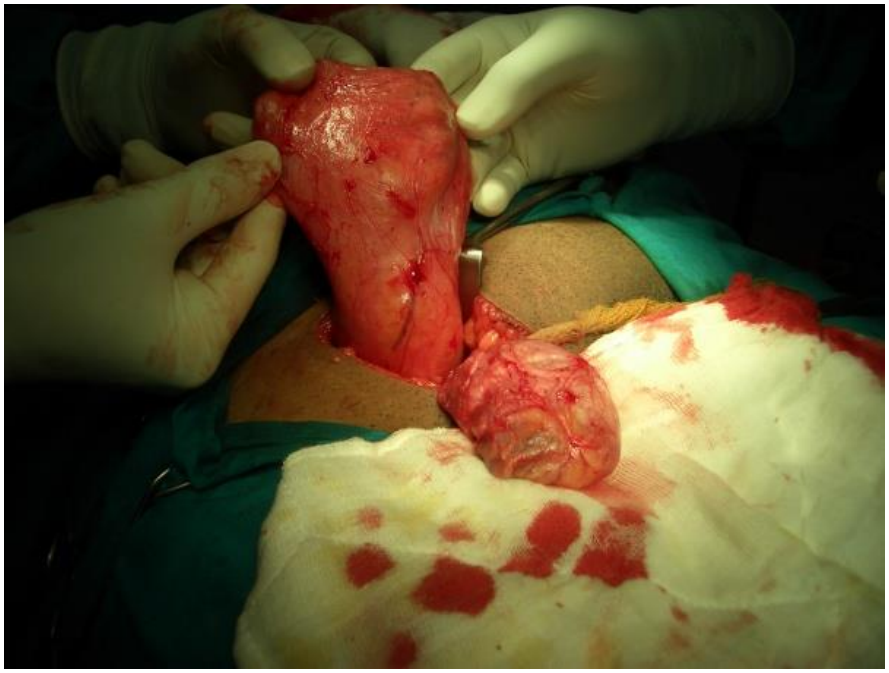

Fig 1: Right obstructed Inguinal hernia

Discussion

It is very important to examine inguinal regions in acute abdomen in a male. As a cardinal rule, hernial orifices should be carefully examined in all case of acute abdomen, particularly in elderly patients with vomiting [3].

In men, indirect hernias predominate over direct hernias at a ratio of 2:1. Direct hernias are uncommon in women [4]. The lifetime risk of inguinal hernia is 27% in men and 3% in women [5]. There is clearly an association between age and hernia diagnosis. After an initial peak in the infant, groin hernias become more prevalent with advancing age. In the same way, the complications of hernias (incarceration, strangulation, and bowel obstruction) are found more commonly at the extremes of age [6].

An obstructed hernia is one in which the lumen of the herniated part of intestine is obstructed where as a strangulated hernia is one which the blood supply of the hernia content is compromised, this, leading to ischemia [7]. The lumen of the intestine may or may not be parent [8].

The missing of obstructed inguinal hernia and operating for abdominal pain and intestinal obstruction is a matter of not following proper physical examination planning, that's why we strictly follow our strategy and start examining genitalia and inguinal regions in a male patient with acute or no – acute abdomen. Same happened in this case and sticking to surgical principles of physical examination of abdomen avoided doing laparotomy for intestinal obstruction. There is a high chance of hernias being frequently over looked, especially if it is not assessed in a physical examination [9].

Our guideline for budding surgeons is to examine genitalia and inguinal regions first and then go to abdomen for proper examination. Please make it a habit.

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Conflicts of interest

There are no conflicts of interest

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