ANNALS OF MEDICAL AND CLINICAL CASES

Incarcerated Femoral Littre's Hernia After Previous Inguinal Hernia Repair: A Case Report

Ramesh D
[1]Department of Medicine, India

*Corresponding Author:
Ramesh D
Department of Medicine, India

Received Date: 09 Apr 2025
Accepted Date: 26 Apr 2025
Published Date: 03 May 2025

Citation: Ramesh D. Incarcerated Femoral Littre's Hernia After Previous Inguinal Hernia Repair: A Case Report. AMCC; 2025; 15: 1-2

1. Abstract
A Littre's hernia is defined as a hernia containing a Meckel's diverticulum, a rare congenital anomaly of the gastrointestinal tract present in 0.3–3% of the population. Femoral Littre's hernias are particularly uncommon and are usually diagnosed intraoperatively. We report a case of a 50-year-old male who presented with an incarcerated right femoral Littre's hernia six years after a right inguinal hernia repair using the Lichtenstein technique. Imaging suggested an incarcerated groin hernia with small bowel obstruction, but definitive diagnosis was made during surgery. The patient underwent resection of the Meckel's diverticulum with primary ileoileal anastomosis and femoral hernia repair using a Stoppa technique. Recovery was uneventful. This case highlights the diagnostic difficulty and surgical management of this rare condition.

2. Keywords
Meckel's diverticulum; Littre's hernia; femoral hernia; incarceration; hernia repair

3. Introduction
A Littre's hernia refers to the presence of a Meckel's diverticulum within a hernia sac. It was first described in 1700 by Alexis de Littre following cadaveric observations of incarcerated femoral hernias containing intestinal diverticula.

Meckel's diverticulum is the most common congenital anomaly of the gastrointestinal tract, occurring in 0.3–3% of individuals. It results from incomplete obliteration of the omphalomesenteric duct during embryonic development. Although usually asymptomatic, it may present with complications such as bleeding, inflammation, obstruction, perforation, or herniation.

Littre's hernia is rare and can occur in inguinal, femoral, or umbilical hernias. Femoral Littre's hernia is particularly uncommon and is almost always diagnosed intraoperatively due to its nonspecific clinical presentation.

4. Case Report
A 50-year-old male presented to the emergency department with a 3-week history of intermittent lower abdominal pain and occasional vomiting. Physical examination revealed a 5 cm right groin mass that was mobile but irreducible. Bowel sounds were present but reduced, and there were no signs of peritonitis or systemic infection. The patient had a history of right inguinal hernia repair using the Lichtenstein technique performed six years earlier.

Laboratory investigations showed normal white blood cell count and C-reactive protein levels, with no evidence of systemic inflammation.

Abdominal computed tomography (CT) demonstrated a right inguinoscrotal hernia containing small bowel loops, associated with a small amount of intraperitoneal fluid in the pelvis and mild small bowel dilatation, suggestive of incarceration with partial obstruction.

Given the clinical and radiological findings, the patient was taken for emergency surgical exploration.

4.1. Intraoperative Findings
Exploration revealed a right femoral hernia sac containing an incarcerated ileal loop and a Meckel's diverticulum. The bowel segment showed signs of congestion but remained viable.

A wedge resection of the Meckel's diverticulum along with a short segment of adjacent ileum was performed, followed by a primary side-to-side ileoileal anastomosis. The femoral defect was repaired using a preperitoneal Stoppa technique.

Care was taken to maintain a clean operative field, particularly due to the intestinal resection, to reduce the risk of infection.

5. Postoperative Course
The patient's postoperative recovery was uneventful. Oral intake was resumed on the third postoperative day and was well tolerated. He was discharged on the seventh postoperative day in stable condition.

At 6-week follow-up, the patient remained asymptomatic with no evidence of recurrence or complications.

6. Discussion
Femoral hernias following prior inguinal hernia repair are uncommon and may result from either an occult pre-existing femoral defect or weakening of the femoral canal after inguinal

ANNALS OF MEDICAL AND CLINICAL CASES

herniorrhaphy.

Littre's hernia is an extremely rare clinical entity, and femoral involvement is even less frequent. Preoperative diagnosis is difficult because imaging findings are nonspecific and often indistinguishable from other incarcerated groin hernias.

Computed tomography may suggest small bowel incarceration but rarely identifies a Meckel's diverticulum within the hernia sac. As a result, most cases are diagnosed intraoperatively.

The recommended treatment of Littre's hernia includes reduction and resection of the Meckel's diverticulum, especially when there are signs of ischemia, inflammation, or incarceration. In this case, bowel resection with primary anastomosis was necessary due to compromised viability.

The choice of hernia repair technique is important, particularly when bowel resection is performed. Mesh repair in potentially contaminated fields remains controversial. A preperitoneal Stoppa repair was chosen in this case after ensuring adequate protection of the operative field, providing a durable repair with low recurrence risk.

7. Conclusion

Femoral Littre's hernia is a rare and challenging clinical entity that is usually diagnosed intraoperatively. It should be considered in patients presenting with incarcerated groin hernias, especially those with a history of prior hernia repair. Prompt surgical intervention with resection of the Meckel's diverticulum and appropriate hernia repair leads to favorable outcomes.

References

1. De Littre M. Observation sur une nouvelle espece de hernie. Histoire de l'Academie Royale des Sciences. 1700; 300-310.
2. Skandalakis PN, Zoras O, Skandalakis JE, Mirilas P. Lit-tre hernia: surgical anatomy, embryology, and technique of repair. Am Surg. 2006; 72(3): 238-243.
3. Mikkelsen T, Bay-Nielsen M, Kehlet H. Risk of fem-oral hernia after inguinal herniorrhaphy. Br J Surg. 2002; 89(4): 486-488.