34-year-old female with a nontender palpable right groin mass

Joseph Ryan, MD, PhD
Carlos Badiola, MD, JD

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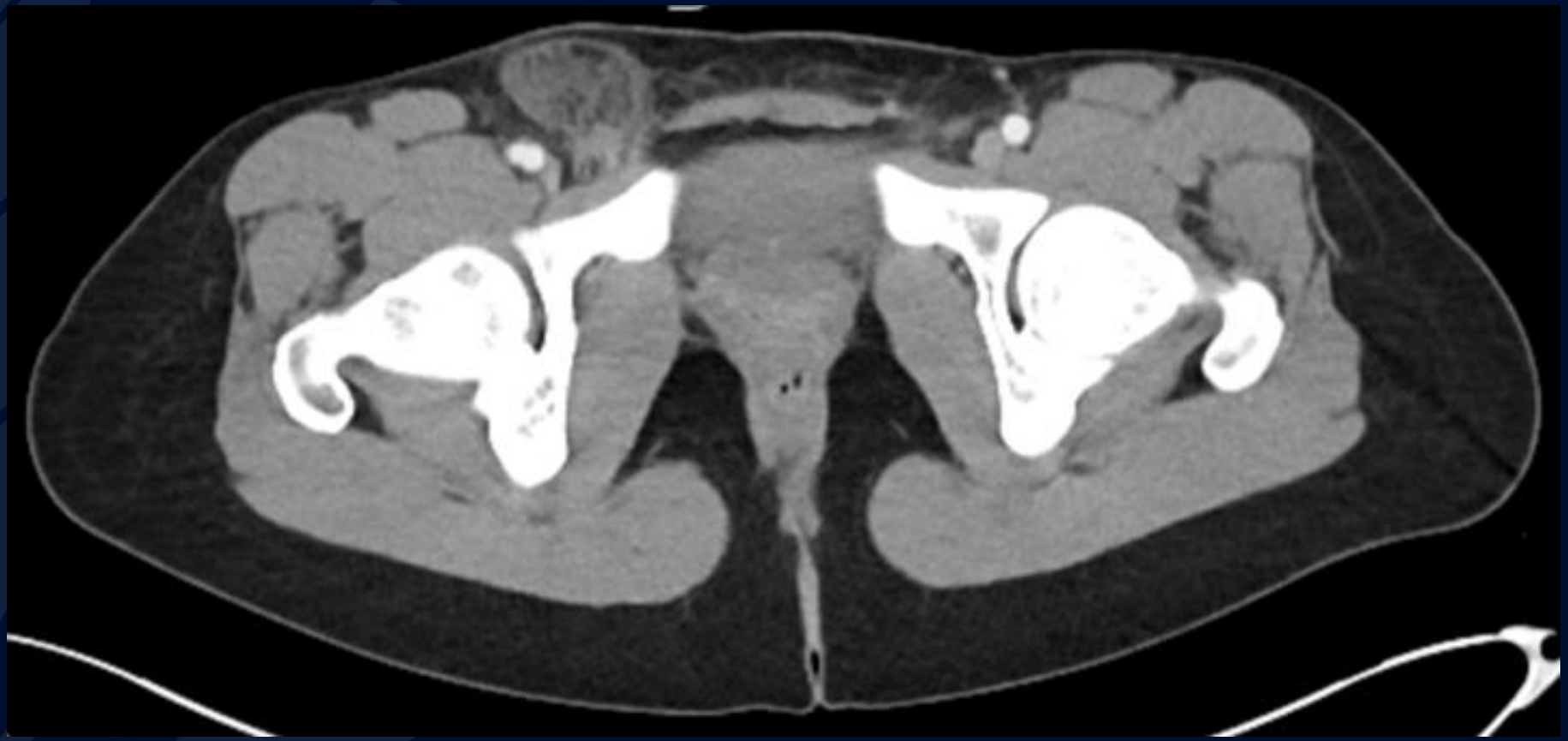
CT abdomen and pelvis with oral & IV contrast



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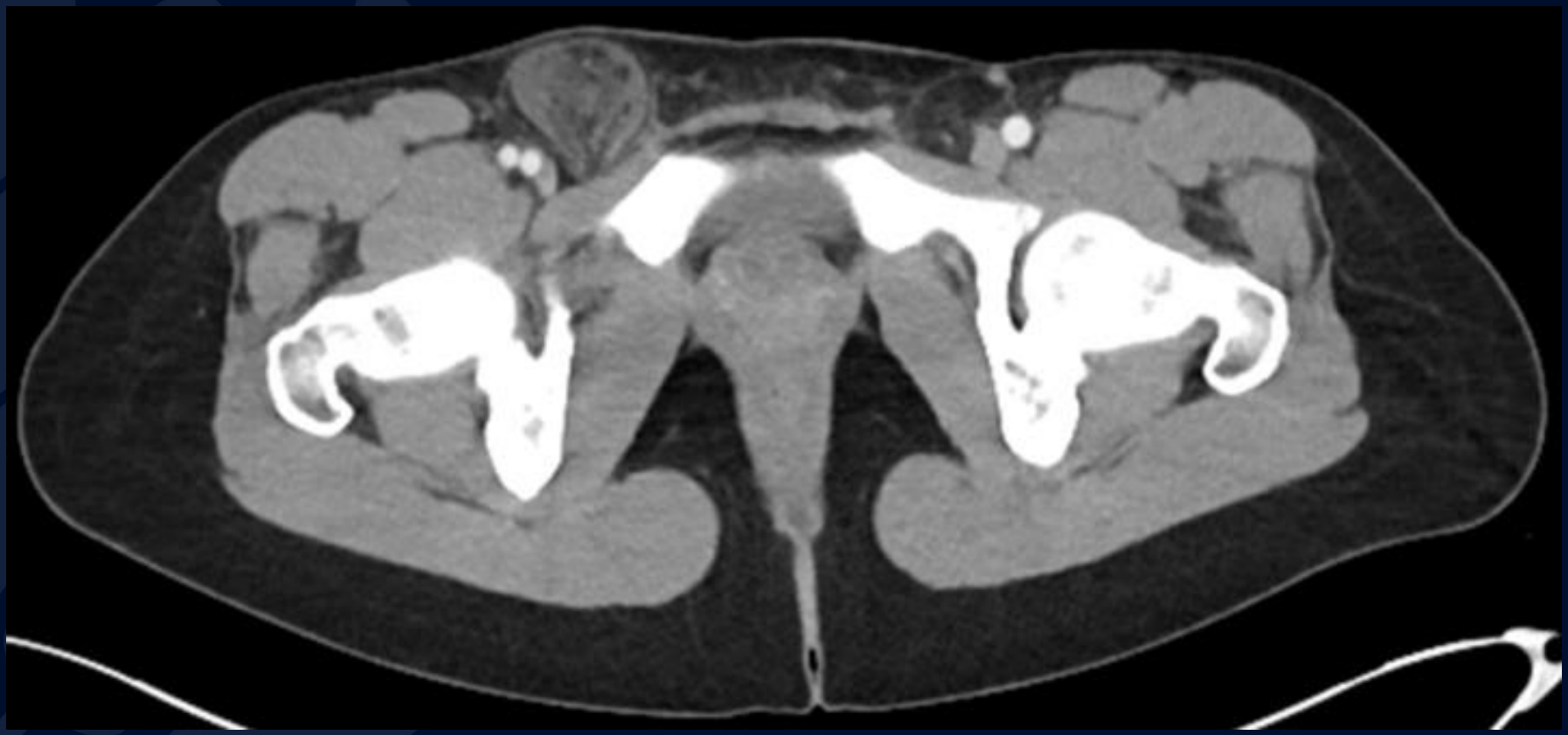

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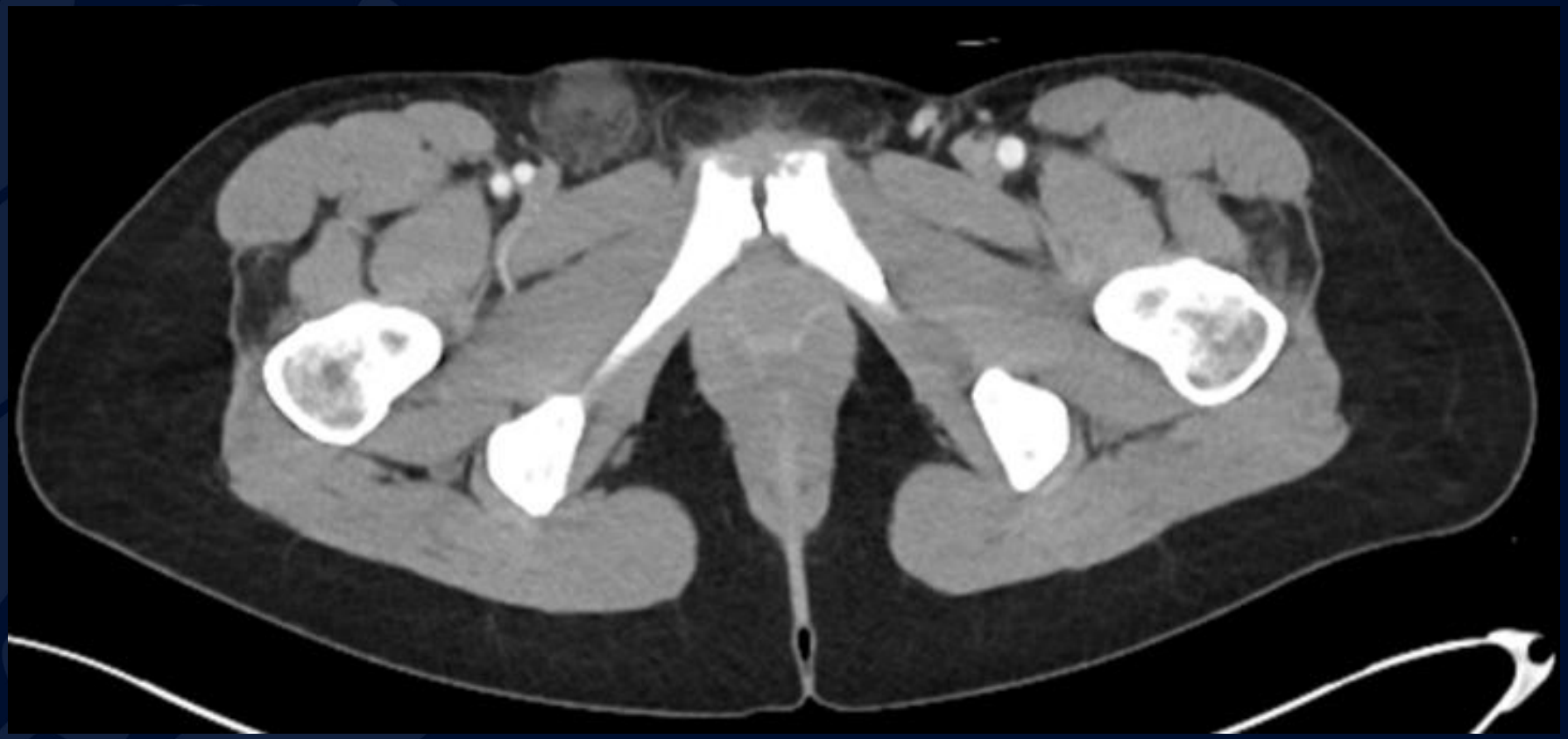

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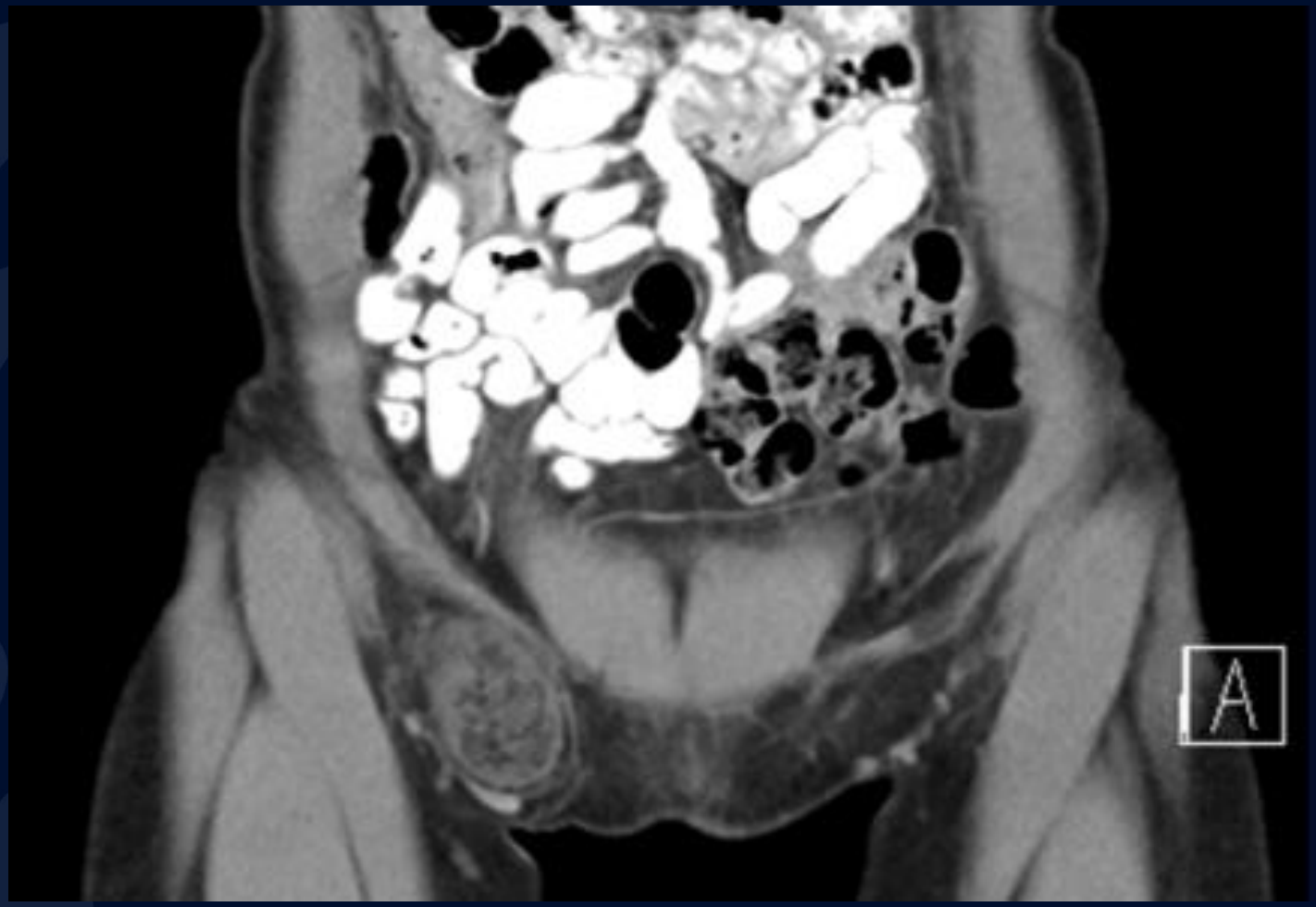

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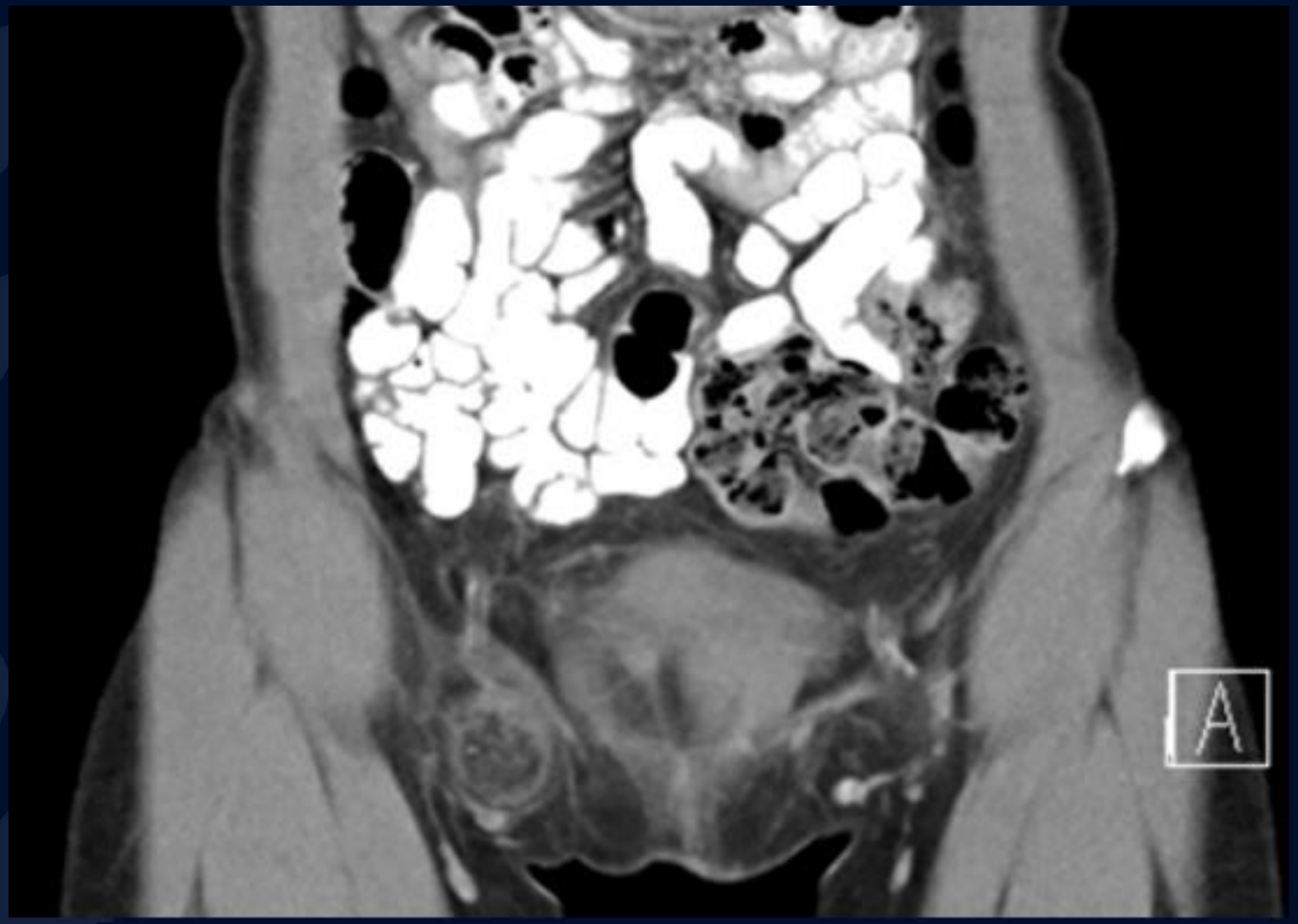

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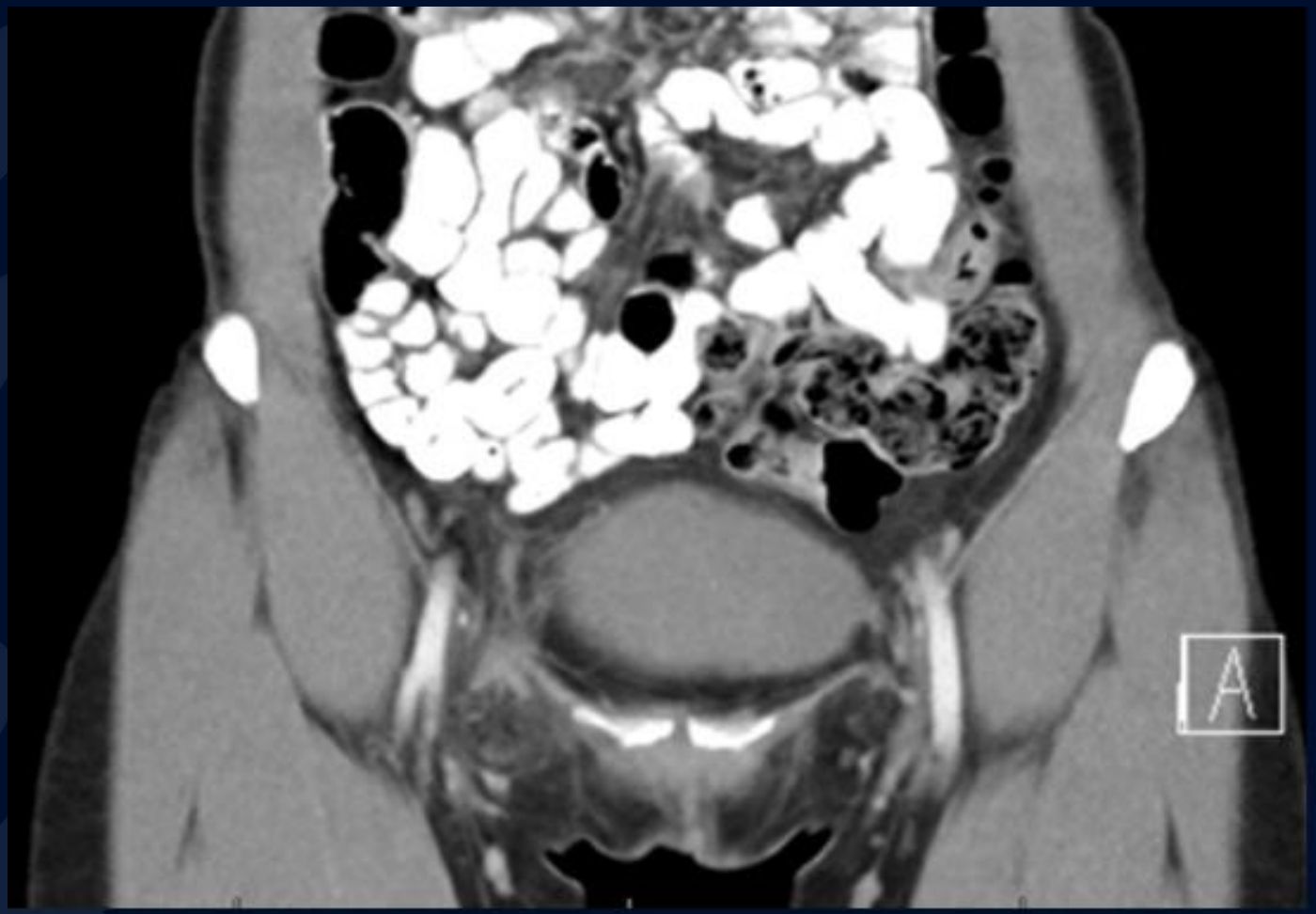

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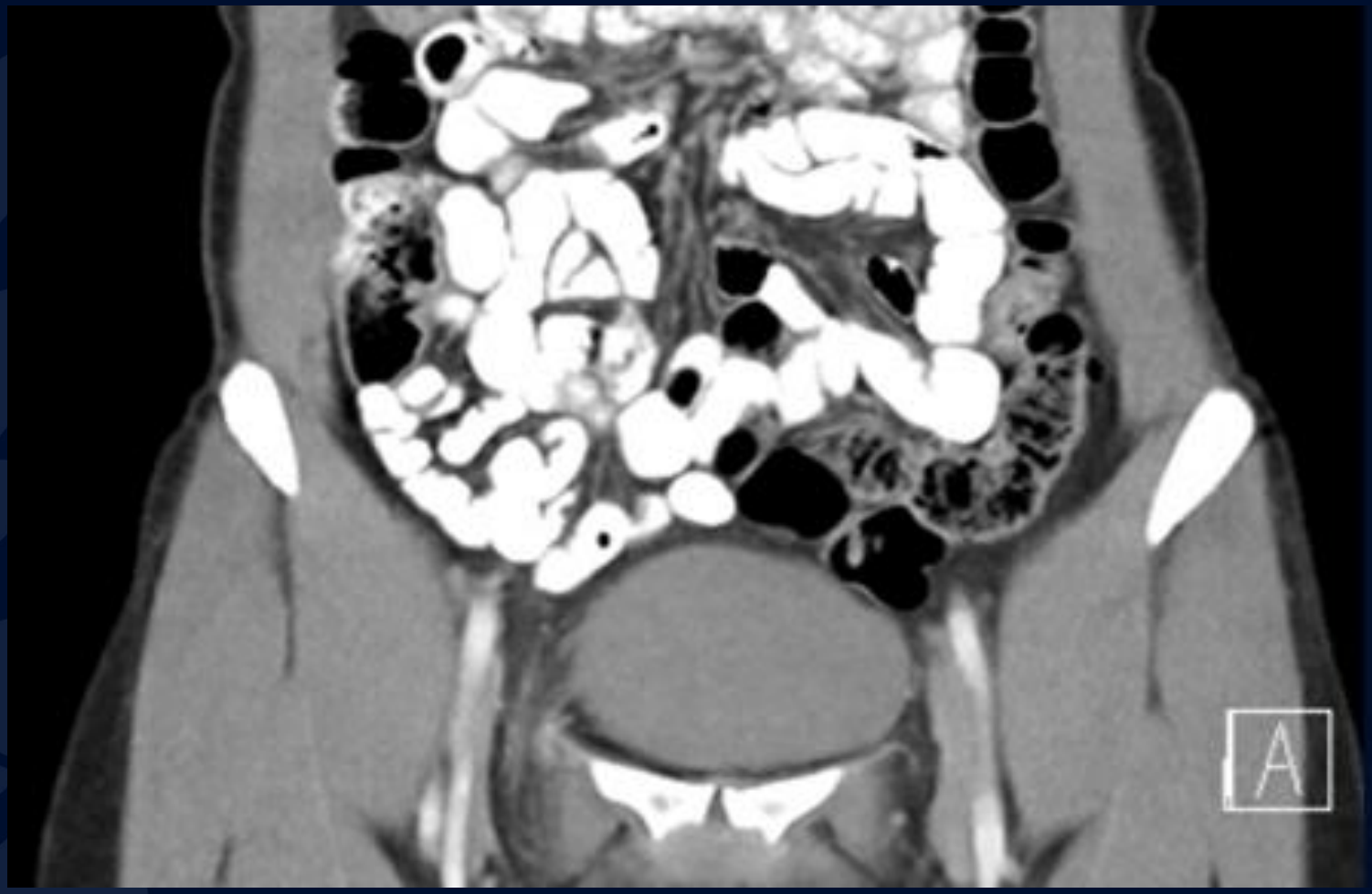

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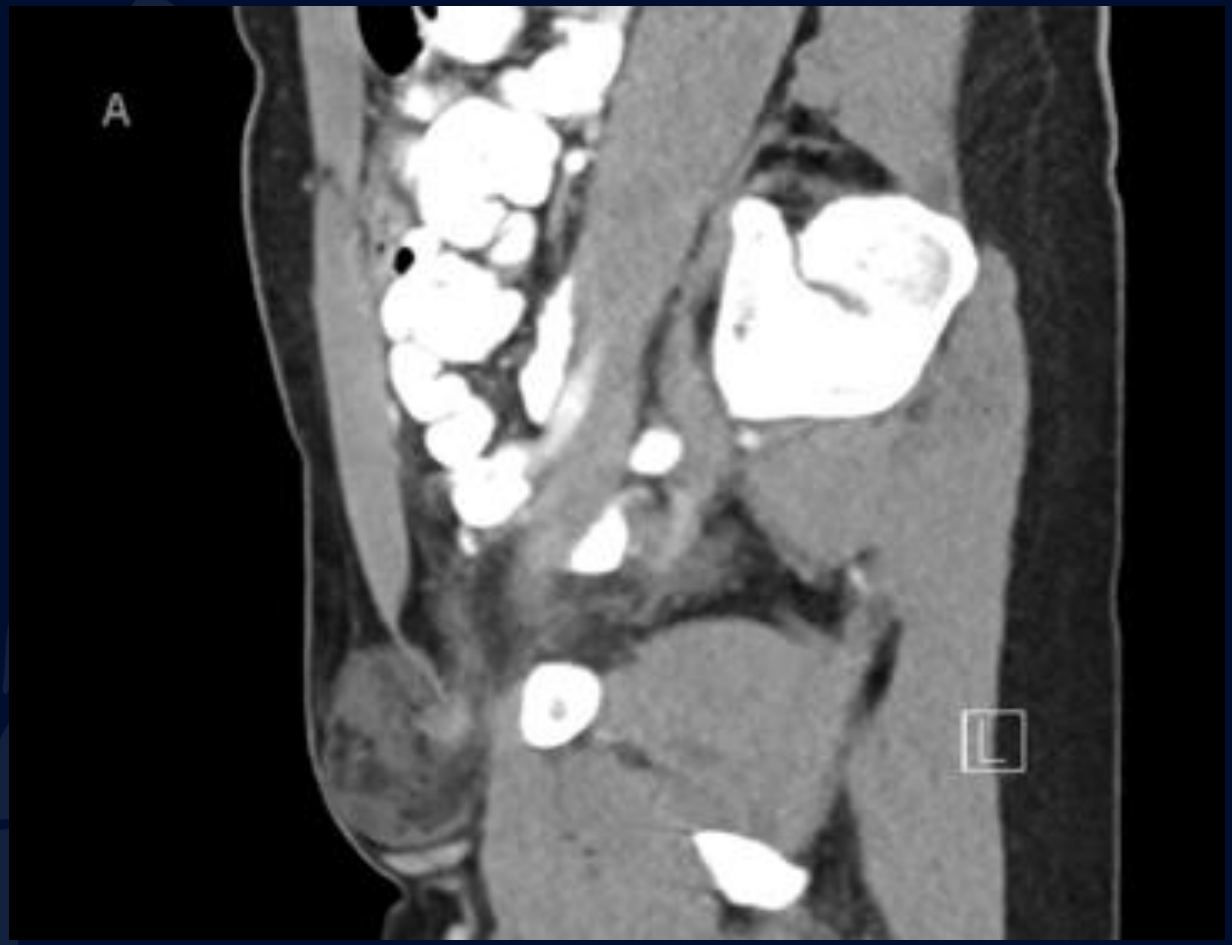

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Right Femoral Hernia

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Femoral Hernia

- Type of groin herniation caused by abdominal wall defect
- Much less common than inguinal hernias (comprises 2-4% of all groin hernias)
- Stereotypical patient: middle-aged to elderly female
- 4x more likely in females than males
- Twice as likely to be right-sided than left-sided
- Can be found incidentally in asymptomatic patients
- Symptomatic hernias can present with palpable lump at the top of the thigh, swelling, vague pelvic/groin discomfort; nausea, vomiting and pain usually only occur with strangulation

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Femoral Hernia

- Protrusion of peritoneal contents through the femoral ring into the femoral canal
  - Posteroinferior to the inguinal ligament
  - Posterolateral to the pubic tubercle
  - Medial to the femoral vein (often causing compression of the femoral vein)
  - Inferior to the inferior epigastric vessels
- Hernia sac can contain omental fat or bowel
- Typically has a narrow funnel-shaped or pear-shaped neck
- Contrast-enhanced CT is generally considered the best imaging modality for definitive diagnosis
- Valsalva maneuver may help with identification and diagnosis on ultrasound

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Femoral Hernia

Management

- Important to identify due to high risk of morbidity and mortality
  - Complications typically related to incarceration/bowel obstruction
  - 1% mortality rate for ages 70-79
  - 5% mortality rate for ages 80-90
- Can be challenging to diagnose clinically in obese patients
- For symptomatic femoral hernia or newly discovered asymptomatic femoral hernia, prompt surgical repair should be considered to avoid high risk of complications and mortality
  - Highest risk of complications of all groin hernias including incarceration and strangulation (25-40%), as well as increased mortality
  - No consensus on ideal approach (i.e., open vs. laparoscopic surgery)
  - Longstanding asymptomatic hernias sometimes can be managed conservatively depending on clinical context

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