CONGENITAL PERINEAL HERNIA

By

S. K. Odaibo* and A. L. Babeta

Department of Surgery, Faculty of Health Sciences, University of Ilorin, Ilorin, Nigeria.

Summary

Congenital perineal hernia is an uncommon hernia while acquired perineal hernia has been reported to follow pelvic exenteration for advanced pelvic cancer. This recorded case is the first to be reported in a Nigerian and has rarely been reported from other parts of the world. Simple closure of the defect which is reinforced by the glutaeus maximus is advocated.

Key Words: Hernia, congenital, perineal

Case Report

A 35-year-old Nigerian male presented with a left sided perineal mass which had been present as far back as his childhood days and progressively had been getting bigger. His presenting complaint was increasing constipation in the recent past. Examination revealed a mass to the left side of the anus in the posterior perineum (fig. 1) which was partially reducible. Bowel sounds were heard over it.

He was fully investigated for the constipation by sigmoidoscopy, barium enema, barium meal and follow-through but no cause other than that directly attributable to the perineal hernia was found. Insipid stool did not permit good radiological visualization of the hernia;

Figure 1. Congenital perineal hernia

Figure 2. Hernia sac is shown with the defect in the levator ani.

*Correspondence and requests for reprints should be sent to:

Dr. S. K. Odaibo.
however, a provisional diagnosis of sigmoid colon herniating into the perineal defect was made. An intravenous pyelogram revealed a normal urinary system.

At operation the sigmoid colon was found herniating through the defect in the levator ani (fig. 2). The colon was dissected free from the sac and after reduction, the sac was excised and closed. The defect in the levator ani was closed with 0-0 monofilament nylon and reinforced by the gluteus maximus. Following this operation recovery was uneventful and he has remained well after 18 months with no sign of perineal hernia.

Discussion

Total pelvic exenteration usually performed for advanced pelvic cancer and abdomino-perineal excision of the rectum have been followed by perineal herniation. Congenital perineal hernia in our reported case had followed a congenital defect in the levator ani. The intestinal contents of the hernial sac are subject to incarceration, obstruction and trauma from sitting upon them and are aggravated by coughing, lifting and sneezing. We advocate simple closure of the defect and re-inforcement by use of the gluteus maximus. In the acquired variety, reconstruction of the pelvic floor using nylon mesh, tantalum mesh or fascia lata grafts have been described.

References

