

Subcutaneous Lipoma Mimicking Irreducible Inguinal Hernia

Syed Asad Ali¹, Mujeeb Ur Rehman Laghari², Samar Memon³, Tufail Ahmed Baloch⁴, Shahid Ali⁵¹Associate Professor, ²Assistant Professor, ³Postgraduate trainee, ⁴Professor¹⁻⁵Department of Surgery, Bilawal Medical College, LUMHS Jamshoro,⁵OR Assistant, Bachelor of Eastern Medicine Hamdard University, Karachi

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Address of Correspondent

Dr. Syed Asad Ali

Associate Professor of Surgery,
Bilawal Medical College, LUMHS
Jamshoro.

sasadalishah@gmail.com

A B S T R A C T

Inguinal or groin region is an area of diagnostic mysteries. It is usually associated with a painless or painful swellings. Swellings in this area can be congenital or acquired, acute or chronic, single or multiple, soft to hard, mobile to immobile and appear suddenly or gradually. Commonest swelling in this region is a simple direct or indirect inguinal hernia in children and adults with a positive cough impulse. The next common lump is a femoral hernia, hydrocoele, sebaceous cyst or an enlarged reactive or malignant lymph node. Other uncommon Differential diagnosis includes ectopic testes, funiculitis, femoral artery aneurysm, pseudoaneurysm, hidradenitis, epididymitis, varicocele and abscess. Subcutaneous lipoma is a rare condition which can mimic a diagnosis of irreducible indirect inguinal hernia and other diagnostic problems for the attending physicians. We present a case of groin lipoma mimicking irreducible right sided indirect inguinal hernia in young healthy man.

Keywords: Groin, Subcutaneous lipoma, Inguinal hernia, Cord lipoma.

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Introduction

Subcutaneous lipomas are benign capsulated tumour arising from mature adipose cells and is more common compared to diffused type of variety. They are slow-growing and present for years without any significant symptoms and disability. They are soft, mobile, and round to oval in shape. They are commonly presented as asymptomatic masses on head and neck, shoulders and back. They are solitary or multiple and developed between the ages of 40-60 years. The differential diagnosis includes sebaceous cyst, neuro fibroma, lymph adenopathy and cold abscess.¹ In a case of subcutaneous lipoma mimicking irreducible indirect inguinal hernia it is important to expand the diagnostic method with CT Scan or MRI to exclude the diagnosis of inguinal hernia, aneurysm of great saphenous vein, inguinal lymph adenopathy and cold abscess.² In this article we present a case of successful diagnosis and treatment of a male patient with subcutaneous lipoma in the right groin.

Case Report

A 35-years-old men is presented in surgical OPD with a lump in right inguinal region for last three years. The lump was painless and small in size initially and acquire the present size. On inspection the lump is ovoid in shape and mimicking exactly as a inguinal hernia but cough impulse was absent (Figure 1). On palpation, the lump was non-tender and normo-thermic. It was soft in consistency, lobulated and irreducible without regional lymphadenopathy. The patient was admitted and undergone all the relevant laboratory investigations before surgical intervention. Ultrasonography clearly shows a subcutaneous benign lipoma with no hernial sac. The groin was explored under spinal anaesthesia and found to have a lobulated subcutaneous lipoma per operatively (Figure 2-4). The postoperative period was unremarkable and patient was discharged on first postoperative day. Histopathology of the submitted specimen proved a lipoma.



Figure 1: Groin lipoma mimicking irreducible inguinal hernia.



Figure 2. A lobulated groin subcutaneous lipoma is successfully excised above aponeurosis of external oblique muscle.



Figure 3. Right sided inguinal incision showing aponeurosis of external oblique muscle after removal of the subcutaneous lipoma.



Figure 4. A specimen of subcutaneous lobulated lipoma size 20x10cm.

Discussion

Lipoma is the most common benign tumor of the body, present everywhere except the palm and sole. It arises from mature adipose cells. Clinically, it is painless, soft, slippery and present for a long time, usually in the subcutaneous plane. It is lobulated or diffuse and can be present deeply i.e. retroperitoneum.¹ Groin lipoma is a rare condition. It can lead to a misdiagnosis of inguinal hernia. In case of incorrect diagnosis there is clinically high risk of development of intraoperative complications.² A similar picture can also be presented with spermatic cord lipoma, spermatic cord encysted hydrocoele and psoas abscess.^{3,4} Spermatic cord malignancy is a rare and challenging diagnosis.⁵ A subcutaneous lipoma in the groin can give rise to a clinical picture with swelling mimicking irreducible inguinal hernia with absent cough impulse.⁶ The lipoma is irreducible and give a feeling of omentum as a content on palpation. If an direct or indirect inguinal hernia is also present, then the swelling will increase on coughing impulse.⁷ The cord lipoma and cord encysted hydrocoele will also give a similar picture clinically.⁸ Liposarcoma can be suspected with increase vascularity on ultrasound. Liposarcoma are typically continuous with preperitoneal tissue. If a malignant tumor is suspected, an incisional biopsy or Tru-Cut biopsy should be performed as a first step. In difficult situation despite of adequate history and physical examination, ultra sound, CT scan and MRI can be of ancillary aid in diagnosis.^{9,10}

Conclusion

In conclusion inguinal subcutaneous lipoma is a rare differential diagnosis of common surgical problem of

inguinal hernia and should be kept in mind while conducting a physical examination of the patient according to the Declaration of Helsinki principles. It should be operated through open surgical technique with groin incision. Laparoscopic approach will be in affective.

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