Case report:

Inguinal hernia surgery (repair) with rare complication large (huge) penoscrrotal hematoma

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Abstract:
In all forms of hernias, inguinal hernia is commonest and requires surgical repairs and is the only acceptable method of treatment where possible. Hernia is the most common surgery performed by training surgeons. Like other surgeries recurrence, infection scrotal swelling, bleeding and nerve damage, scrotal hemorrhage and other complications are well documented and discussed in details in literature but huge (massive) penoscrrotal hematoma requiring surgical intervention is very rare. We are presenting a patient, 52 yrs, male who had developed huge penoscrrotal hematoma following inguinal hernia repair. He required surgical drainage. Most of the times wound and scrotal hematomas are treated conservatively but rarely they may require surgical drainage. In this case we required surgical drainage of penoscrrotal hematoma. Irrespective of any surgery proper homeostasis is the gold standard and paramount. One should not hesitate to use drains in huge inguinal and inguinoscrrotal hernia repairs to avoid such scrotal swelling and penoscrrotal hematoma.

Introduction:
In all forms of hernias, inguinal hernia is commonest and requires surgical repairs and is the only acceptable method of treatment where possible. Hernia is the most common surgery performed by training surgeons. Like other surgeries recurrence, infection scrotal swelling, bleeding and nerve damage, scrotal hemorrhage and other complications are well documented and discussed in details in literature but huge (massive) penoscrrotal hematoma requiring surgical intervention is very rare. We are presenting a patient, 52 yrs, male who had developed huge penoscrrotal hematoma following inguinal hernia repair. He required surgical drainage. Most of the times wound and scrotal hematomas are treated conservatively but rarely they may require surgical drainage. In this case we required surgical drainage of penoscrrotal hematoma. Lesson taken from this report was to emphasize very meticulous surgical technique to avoid and control bleeding during hernia repairs. And however close observation in the recovery period needs no special mentioning after such surgery.

Case Presentation:
A 52 yrs, old male patient got admitted for elective right sided inguinal hernia repair. He was fit for anesthesia and surgery and had undergone proline mesh repair for moderate sized pantaloon inguinal hernia under spinal anesthesia, surgery was uneventful. On second postoperative day patient complained of severe pain and swelling at operative site, locally there was big penoscrrotal hematoma with echymosis of penoscrrotal skin (Figure 1) and lower abdominal wall and with huge tender swelling. As patient was hemodynamically stable urethral cathetarisation was done and patient was explored under general anaesthesia. Bleeder in the hernia wound was ligated, clots were removed and corrugated rubber drain was kept (Figure 2). There was minimal soakage on second day. Drain was removed after 48 hrs after surgery. Patient was haemodynamically stable and had all coagulation...
profile normal. Patient was discharged on 9th day with antibiotics & hematinics. Case was reviewed after 7 days and was all right without any complaints. There was mild acceptable disfigurement.

**Figure 1**

**Discussion:**
Surgical repairs are routinely done for inguinal hernias and is the main stay of treatment. Routine possible complications after repair surgeries are superficial wound infection, urinary retention, superficial small hematoma, seroma formation, scrotal edema, inguinal neuralgia, local hypoesthesia, recurrent hernia and penoscrotal hematoma (5). Most of these complications are mild and can be treated conservatively. Recent advances in surgical techniques and equipments claims to have less complications but cannot be completely avoided(10). Small penoscrotal hematoma is common complication and can be easily managed conservatively with rest and scrotal support. Ultrasonography is very useful and necessary in doubtful cases(1).

Diagnosis is obvious in huge penoscrotal hematoma (unresolving) requiring surgical drainage. Massive hematomas are not uncommon in patients with coagulopathy such as haemophilia where bleeding is triggered by trivial trauma (4).

It has been also reported in patients following transfemoral cathetersation (2), percutaneous transluminal angioplasty (9) and with rupture of dacron aortofemoral graft (6) and after urological surgeries (3,7). Penoscrotal hematoma following inguinal hernia repair is reported & documented in medical literature but huge penoscrotal hematoma requiring drainage is very rare.

Occasionally penoscrotal hematoma may leave same disfigurement and few sexual satisfaction problems as in our case. He had mild. As in our case penile hematoma may be due to bleeding in dartous muscle of scrotum & dartous fascia of penis.

Our main intension in reporting this case is to draw attention to meticulous and complete control of bleeding during hernia surgery to avoid such complications. In any kind of surgery complete control of bleeding is highly recommended. Hitch stitch and drain techniques (8) have been advised in practice to avoid such post operative hematoma. Meticulous surgical techniques, ligation of vessels, use of diathermy are helpful to avoid bleeding. In our case it was difficult to know why operating surgeon could not control the bleeding before closure. Actually in all surgical procedure and all grade of surgeries and for all surgeons the rule of ”prevention is better than cure “ holds true. And of course it is better to rule out coagulopathies to avoid post operative bleeding and hematoma and close observation in wards is very important. Again the use of drains
in hernia repairs is subjective but one should prefer to use drains in huge hernia repairs requiring excessive dissection and doubtful homeostasis. We do admit that if drain was used in the first surgery, the need of repeat surgery would have been avoided.

**Conclusion:**
Irrespective of any surgery proper homeostasis is the gold standard and paramount. One should not hesitate to use drains in huge inguinal and inguinoscrotal hernia repairs to avoid such scrotal swelling and penoscrotal hematoma.

**Consent:** Written information consent was taken from patient for publication of this case report.

**References:**