Abdominal Wall and Groin Mass

Assumption
The student understands the anatomic relationships of the abdominal wall musculature and fascia.

Goal
The student will be able to describe the diagnosis and management of a patient with an abdominal wall or groin mass.

Objectives
By the end of the core surgical clerkship, the student will be able to discuss the differential diagnosis, diagnostic and laboratory investigations and management of the following:

1. Groin mass
   a. Inguinal hernia (indirect/direct)
   b. Femoral hernia
   c. Lymphadenopathy
   d. Aneurysm
2. Abdominal wall mass *Refer to Abdominal Mass module for intra-abdominal mass.*
   a. Incisional hernia
   b. Spigelian hernia
   c. Epigastric hernia
   d. Umbilical hernia
   e. Rectus sheath hematoma
   f. Diastasis recti
   g. Desmoid tumor
3. Groin pain
   a. Sports hernia

Problems
1. A 62-year-old male presents with a two-month history of intermittent pain and bulging in the left inguinal region. A reducible hernia is noted on exam.
   a. What further data should be obtained from the patient's history and physical exam?
   b. What are the management options?
   c. What are the risks of operative and non-operative management?
   d. What is the usual postoperative course and physical findings?

Skills
1. Conduct a focused history and physical examination to include abdominal, rectal, and genital exams.
2. Confirm reducibility or incarceration of an abdominal wall hernia.

Teaching Hints
1. Discuss the differences between indirect and direct hernias.
2. Consider the relative frequency of indirect, direct, and femoral hernias by age and gender.
Teaching Hints (continued)
3. Review the clinical conditions that may predispose a patient to the development of inguinal hernia.
4. Discuss the common techniques for hernia repair.
5. Talk about the clinical significance of incarcerated, strangulated, reducible and Richter’s hernias.

Prevention
Discuss the following:
1. The role of surgical repair in prevention of hernia complications.
2. The risk factors for recurrence after hernia repair.

Special Considerations
Discuss the natural history and treatment of umbilical and inguinal hernias in children versus adults.