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A rare case report of Maydl Hernia

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Abstract
Maydl's hernia is a rare type of hernia and can occasionally present with a perplexing condition that seems to be more typical of strangulated sliding hernias.Two bowel loops form a "W" inside the hernia.The two loops present in the sac are not strangulated, but the central loop of the "W" lies free in the abdomen.The rarity of Maydl's hernia and a few other unusual characteristics in our patient led to the publication of this case study.

Key words: *Maydl hernia, strangulated inguinal hernia, peritonitis*

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I. Introduction

The term "hernia in "W," which describes the orientation of the bowel within the hernia sac and the vulnerability of the central segment of the bowel to intra-abdominal closed-loop strangulation that may go undetected, refers to Maydl's hernia, a rare type of incarcerated hernia.

II. Case Presentation

A 45-year-old woman was admitted to the emergency department with a right painful inguinal swelling. Before three years she noticed the groin swelling, but she didn't have any symptoms. The pain started four hours before the admission at the emergency department, and was associated with vomiting and constipation. The physical examination revealed a tenderness at the right groin and an irreducible swelling. The patient had a temperature of 37,7°C. Strangulated inguinal hernia was the diagnosis. After resuscitation with intravenous fluids, the patient underwent to the surgery. A right groin incision was made and an intra abdominal double loop of ischemic ileum was found. An enterectomy was made with an end-to-end anastomosis and the hernia repaired with the Desarda technique. The patient recovered good and was discharged on the 6th postoperative day.

III. Discussion

A double loop hernia with the middle, internal loop strangulated is known as a Maydl's hernia [1].The Austrian surgeon Karel Maydl first identified it as a rare type of strangulated inguinal hernia(2%) in 1895 [2].If the neck of the sac is tight, the middle portion in the abdomen between two adjacent loops of bowel will suffer first because it is the center of the entire loop involved.As a result, the strangulated piece at the "W" tip is intra-abdominal and can be overlooked during surgery due to a fatal error in judgment when looking at two viable loops in the hernia sac.When examination reveals signs of peritonitis, fluid depletion, or a tender mass is palpable in the lower abdomen in a patient with painful and irreducible but not necessarily tense inguinal scrotal swelling, a pre-operative diagnosis of Maydl's hernia should be suspected.Inflammation and infection are typically contraindicated for the use of prosthetic mesh in the repair [3]. In our case, a mesh hernioplasty should be avoided because of the enterectomy. Desarda technique was first described in 2001. There is no need for

prosthetic mesh, difficult dissection or suturing, or the use of transversalis fascia or weak muscles for repair.With a 1.8% complication rate and a 0.2% recurrence rate, the results are better than or equal to those of Shouldice and Lichtenstein repairs. [4]

IV. Conclusion

Despite its rarity, Maydl's hernia should be suspected in patients who have a large incarcerated hernia, signs of peritonitis or strangulation, or living intestine loops in the hernia sac.To prevent the return of nonviable bowel to the abdomen during repair, it is essential to examine the bowel loops close to the obstructing hernia ring.

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