# EPIPLOIC APPENDAGE HEMATOMA: A GROIN HERNIA COMPLICATION MIMICKING TUMOR OF THE SIGMOID COLON

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SUMMARY: Irreducibility, intestinal obstruction, and strangulation are the major complications of groin hernia. Hemorrhage of the sigmoid colonic epiploic appendages and formation of an intraabdominal hematoma due to the manipulation of a groin hernia mimics an intraabdominal tumor radiologically. A case of this rare entity is presented with emphasis on its radiological appearance.

Key Words: Hematoma, Hernia, Complication.

### **INTRODUCTION**

The involvement of the epiploic appendages in groin hernia sacs and formation of an hematoma due to its reduction is rare. In this report, a case of epiploic appendage which was located in the hernia sac and which caused an intraabdominal hematoma simulating a colon carcinoma is presented.

# CASE REPORT

A 60-year-old man was admitted to our department with left lower quadrant swelling and pain of two days duration. No other symptoms were described. The swelling in the left groin was the same for four months and he had a right groin herniorraphy six years ago. On physical examination, a reducible left groin hernia was confirmed.

The results of the routine laboratory tests were normal. His abdominal ultrasound revealed an irregular and asymmetrical thickening in the sigmoid colon wall, measuring 3.5 cm in its greatest dimension. There were also several cystic areas

with necrosis inside the colon wall, suggesting a colon carcinoma. Abdominal computed tomography demonstrated a 4x5 cm solid mass originating from the colon wall in the left lower quadrant (Fig. 1). Rectum, sigmoid colon, and descending colon were normal endoscopically. The double-contrast colon graphy revealed an external compression to the distal sigmoid colon and an irritative narrowing just distal to that lesion (Fig. 2). Serum CEA level was normal while CA 19-9 was three times higher than normal.

The patient underwent an exploratory laparotomy. At surgery, an organized hematoma, measuring 8x5 cm, and attached to the proximal sigmoid colon was observed (Fig. 3). Other intraabdominal structures were normal. The mass was completely excised. Then, the groin hernia was repaired by using Stoppa's preperitoneal herniorraphy technique.

Microscopic diagnosis of the lesion was pericolic adipose tissue with hematoma associated with nonspecific inflammatory reaction.

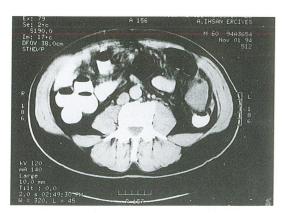


Fig - 1: Abdominal computed tomography demonstrating a 4x5 cm solid mass originating from the colon wall in the left lower quadrant.

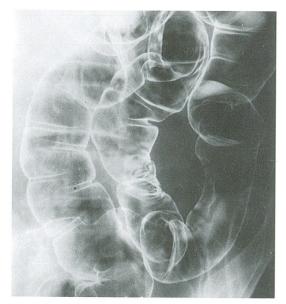


Fig - 2: The double-contrast colon graphy demonstrating an external compression to the distal sigmoid colon and an irritative narrowing distal to that.

The postoperative course was uneventful and the patient has been well for almost for three years.

#### DISCUSSION

Appendices epiploicae, first described by Vesalius in 1543, are small pouches of peritoneum, about 3 cm in length that contain pericolic fat and are most common in the sigmoid and caecum (1, 2). They number approximately 100 and are found in two rows attached to the teniae coli. The appendices epiploica are thought to have a protective function against intraabdominal infections. It is estimated



Fig - 3: The gross appearance of the organized hematoma, measuring 8x5 cm, attached to the proximal sigmoid colon.

that the appendages with a narrow base predispose to torsion resulting in thrombosis of the nutrient vessels, with secondary infarction, hematoma, inflammation, and pericolic abscess formation (3). Spontaneous resolution of the inflammation is thought to give rise to fibrous or calcified peritoneal loose bodies first described by Littre in 1703 (1).

Infrequently, the epiploic appendages may cause colonic obstruction by attaching or compressing the colon. Sometimes, they can be incarcerated in a groin hernia and simulate the symptoms of acute appendicitis.

In the literature, there are seldom cases causing abnormal presentations in barium enema graphies (2). There are also a few cases mimicking sigmoid colon carcinoma due to external compression. In our case, the epiploic appendage has caused an hematoma due to the hemorrhage caused by the manipulation of a groin hernia. This was diagnosed while investigating the etiology of the groin hernia by using ultrasound and computerized tomography. The mass was first thought to be a sigmoid colon tumor, but then found to be an epiploic appendage-originated hematoma.

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