

## Clinical Diagnosis: Perineal Hernia

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**Citation:** Pazos CP, Alemán APdA, Rodríguez LOP, Quintero NR, Plain APdA, et al. (2022) Clinical Diagnosis: Perineal Hernia. Annal Cas Rep Rev: 339.

**Received Date:** 15<sup>th</sup> September, 2022; **Accepted Date:** 26<sup>th</sup> September, 2022; **Published Date:** 30<sup>th</sup> September, 2022

### Abstract

Perineal hernias are extremely rare, more frequent in women than in men. We present a 58-year-old male case with a history of health who comes to the clinic reporting discomfort in the posterior perineal region, and increased volume in the area, with no other symptoms. Perineal hernia is diagnosed and surgical treatment is indicated. Although perineal hernia is extremely rare, it is a possibility to consider when faced with a perineal tumor, and the diagnosis is confirmed by clinical examination.

**Keywords:** perineal hernia, perineal tumor, perineal mass.

### Introduction

Perineal hernias are protrusions of intraperitoneal or extraperitoneal contents through a pelvic floor defect [1]. It is a rare condition, it develops between the ages of 40 and 60, especially in women, favored by the greater amplitude of the pelvis and repeated births in them, with a ratio of five to one, with respect to men [2] They are classified as congenital or secondary (generally after pelvic, rectal or prostate surgery [1,3]. Today it seems that the total number of reported cases of primary perineal hernias does not exceed 100 patients [2,4].

Most are asymptomatic and, if they cause symptoms, they are usually perineal discomfort, pain and urinary dysfunction, and rarely intestinal obstruction. In general, only a soft mass appears that transmits the impulses of the cough and that is easily reduced, a gurgling sound can be felt when the reduced organ is the intestine [2].

### Presentation of the case

A 58-year-old male patient with a health history who comes to the clinic referring discomfort in the posterior perineal region, and increased volume in the area.

Physical examination shows an increase in volume in the right perineal region of approximately eight centimeters, on palpation the tumor was soft, not painful on mobilization, not hot, with expulsion of gases when pressed on it, completely reducing and increasing of volume to the Valsalva maneuver (Figure 1).

#### Complementary Exams:

Hemoglobin: 14.3g/dL

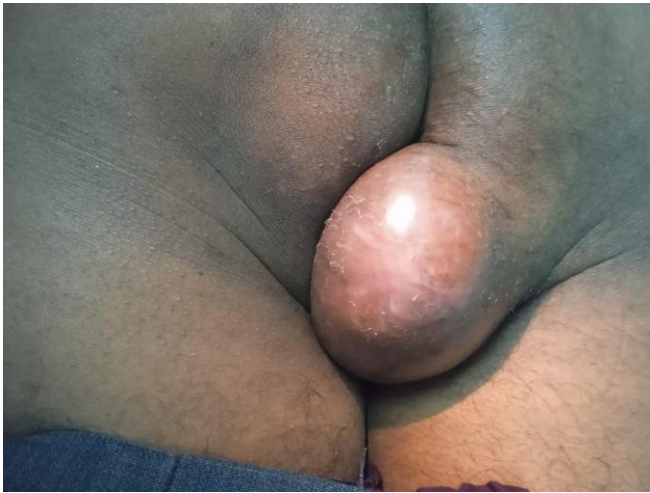
Leukogram: 6.2x10<sup>9</sup>/l: neutrophils 62%, lymphocytes 37%

Glucose: 4.2mmol/l

Creatinine: 65mmol/l

**Diagnosis:** perineal hernia

Surgical treatment is indicated.



**Figure 1:** Perineal hernia.

## Discussion

Perineal hernias are rare, and more frequent in the female womb, it is assumed that it may be due to the trauma of childbirth and a wider pelvis. On the other hand, a deep, elongated cul-de-sac of Douglas is thought to be a form of congenital predisposition. Other reported etiopathogenic factors are obesity, ascites, repeated straining and recurrent pelvic infections [2,5]. The case presented was male with no previous history of surgery in the area, or any other risk factor.

The most frequent clinic is the presentation as easily reducible masses that propel with cough and other efforts. Symptoms are rare and depend on the size of the hernia and the organs it contains [5]. In the case presented, the patient denied any symptoms, he only suffered from the presence of the tumor, the diagnosis was made by physical examination.

Given the location of this condition, on many occasions the patient does not seek medical attention and refuses to undergo a physical examination, which makes diagnosis very difficult, since it suggests more frequent pathologies that produce similar tumors, such as cysts, lipomas, and other superficial tumors [5], hence the importance of physical examination for a certain diagnosis.

Complications of perineal hernia are rare, incarceration or strangulation are extremely rare because the hernia neck is

wide and the muscle defect is elastic [5]. The presented case had no complications.

Although conservative measures (vaginal trusses and pessaries) have been described by some authors, they have not offered satisfactory results, so surgical treatment is considered the treatment of choice [2,4], coinciding with what is indicated in this case.

## Conclusions

Although perineal hernia is extremely rare, it is a possibility to take into account when faced with a perineal mass, and the diagnosis is confirmed by clinical examination.

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