

## 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.

**Abdominal Wall and Groin Mass (continued)**

**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.