

Femoral hernia

Femoral hernia or *hernia femoralis* differs from inguinal hernias by the location of the hernia sac exit, which is **under** the *inguinal ligament*. The hernial sac breaks through the *fascia transversalis* and *septum femorale* into the area of lacuna vasorum, usually medially from the *femoral vein*. Through the *fossa iliopectinea* space, it exits subcutaneously into the region where *great saphenous vein* and *femoral vein* connect, e.g. *hiatus saphenus*.

Occurrence

In 3/4 cases, femoral hernia occurs in women, which is due to a larger space for hernia exit and due to the pelvic shape. The hernia sac is palpable as a bulge in the groin area and can slide down to the thigh. However, it usually disappears when lying down. Hernia strangulation is a relatively frequent and serious complication that requires immediate surgical intervention. Otherwise, there is a risk of mechanical ileus.

Therapy

The **treatment** is the same as for other hernia types. Through an incision, the hernia sac is removed or pushed back, the contents are repositioned and the passage (hernia gate) is closed. Abdominal wall "plasty" is usually performed with a suture between "ligamentum pubicum" and "fascia pubica".

Differential diagnostics

As part of the *differential diagnosis*, inguinal hernia (*hernia inguinalis*), *great saphenous vein varix*, *arteria femoralis* aneurysm or simply an enlarged inguinal node come into consideration.

Links

Related articles

- Hernia
- Inguinal hernias
- Vessels of the lower limb
- Differential diagnosis of ileus
- Femoral artery

Source

Reference

- ČIHÁK, Radomír – GRIM, Miloš. *Anatomie*. 3. edition. Praha : Grada, 2011-. ISBN 978-80-247-3817-8.
- ZEMAN, Miroslav. *Speciální chirurgie*. 2. edition. Praha : Galén, 2006. ISBN 80-7262-260-9.



large femoral hernia