

Should we perform early operations in children who have reducible inguinal hernia?

To the Editor—As inguinal herniotomy is one of the most frequently performed operations in paediatric surgery,¹ we reviewed cases of inguinal herniotomy performed in the Department of Surgery at the Queen Elizabeth Hospital from 1 January 1990 to 31 December 1996, to improve the management of this condition. The hospital notes and operation records of 252 children (215 boys and 37 girls) who had received unilateral inguinal herniotomy were reviewed. The sex and age of the children, and the reducibility of the hernia were noted (Tables 1 and 2). Patient age ranged from 1 to 155 months and the mean age was 38.4 months.

Table 1. Age distribution and reducibility of inguinal hernia in paediatric patients*

| | No. of patients (%) | | |
|---------------|---------------------|-------------------|------------|
| | Age ≤24 months | Age >24 months | Total |
| Incarcerated† | 30 (30) | 7 (4.6) | 37 (14.7) |
| Reducible | 70 (70) | 145 (95.4) | 215 (85.3) |
| Total | 100 | 152 | 252 |

* Data from the Queen Elizabeth Hospital between 1 January 1990 and 31 December 1996

† When the prevalences of incarceration of the two age groups were analysed with the Chi squared test, $P < 0.001$

Table 2. Sex distribution of patients with incarcerated inguinal hernia

| Age | No. of patients (%) | | |
|------------|---------------------|----------|-------|
| | Male | Female | Total |
| ≤24 months | 26 (86.7) | 4 (13.3) | 30 |
| >24 months | 7 (100) | 0 | 7 |

Emergency herniotomy is a difficult operation in infants and neonates because of the oedematous structures around the sac, which makes dissection of the spermatic cord more difficult. The sac is friable and easily torn.² The incidence of bowel infarction requiring resection is quite low, ranging from 0.0% to 1.4%.³ However, a higher incidence of testicular atrophy is expected after incarceration because the

testicular blood supply may be compromised.⁴ A higher recurrence rate has been reported after emergency herniotomy.⁵

Owing to the significantly higher incarceration rate in children aged less than 24 months (Table 1), we suggest early elective operations for this group of children when they present with a reducible inguinal hernia. In our unit, we perform herniotomy as a semi-emergency procedure within 1 week of initial presentation. For premature babies in the neonatal intensive care unit who present with reducible inguinal hernias, we perform herniotomy when patients are medically fit for operation before they are discharged home. We believe this policy can reduce the rate of incarcerated hernia, and decrease the potential operative morbidity rate.

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