Reviewer's report

Title: Synchronous Colonic Carcinomas Presenting as an Inguinoscrotal Hernial Mass: A Case Report and Literature Review.

Version: 2 Date: 6 April 2007

Reviewer: Christian Koch

I am familiar with the literature and believe that this case meets one of the 7 criteria for evaluation in the journal: Unexpected or unusual presentations of a disease

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Comments to authors:

General
This is a well written and interesting report. It is great that the authors refer to initial/old literature, even back to 1889. However, I feel that also more recent literature related to this topic should be included. Therefore, I would suggest the authors review the literature below and select 2-3 references to be added or be exchanged with the present references listed.

Hernia. 2007 Apr 4; Incarcerated Spigelian hernia mimicking obstructing colon carcinoma. Miller R, Lifschitz O, Mavor E. Department of Surgery "A", Kaplan Medical Center, Israel and Hebrew University Jerusalem, P.O. Box 1, Rehovot, 76100, Israel, rafmiller@gmail.com.

Spigelian hernia is a ventral abdominal hernia that only rarely causes incarceration or strangulation of the bowel. There are few reports in the surgical literature of colonic obstruction secondary to incarcerated Spigelian hernia. In this paper, we present a patient with an incarcerated sigmoid colon in a Spigelian hernia sac, mimicking on contrast enema an obstructing carcinoma. Accurate diagnosis was made pre-operatively by computed tomography (CT), and the hernia was repaired by polypropylene mesh in a tension-free manner.

BMC Gastroenterol. 2006 Oct 30;6:32. Ruptured appendiceal cystadenoma presenting as right inguinal hernia in a patient with left colon cancer: a case report and review of literature. Lee YT, Wu HS, Hung MC, Lin ST, Hwang YS, Huang MH. Department of Surgery, Division of general surgery, Chang-Bing Show Chwan Memorial Hospital, Lu-Gang, Taiwan. m0931m@yahoo.com.tw

BACKGROUND: Mucoceles resulting from cystadenomas of the appendix are uncommon. Although rare, rupture of the mucoceles can occur with or without causing any abdominal complaint. There are several reports associating colonic malignancy with cystadenomas of the appendix. Herein, we report an unusual and interesting case of right inguinal hernia associated with left colon cancer. CASE PRESENTATION: A case of ruptured mucocele resulting from cystadenoma of the appendix was presented as right inguinal hernia in a 70-year-old male. The patient underwent colonoscopy, x-ray, ultrasound and computed tomography. Localized pseudomyxoma peritonei associated with adenocarcinoma of the descending colon was diagnosed. The patient underwent segmental resection of the colon, appendectomy, debridement of pseudomyxoma and closure of the internal ring of right inguinal canal. He is free of symptoms in one year.
CONCLUSION: Synchronous colon cancer may occur in patients with appendiceal mucoceles. In such patients, the colon should be investigated and colonoscopy can be performed meticulously in cases of ruptured mucoceles and localized pseudomyxoma peritonei. Surgical intervention is the current choice of management.

A palpable, obstructing carcinoma of the colon incarcerated within a large ventral hernia. Riall TS, Grelotti DJ, Williams CG.
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Uncovering the etiology of a bowel obstruction in a patient with a hernia represents a diagnostic dilemma. Although the hernia is often initially the presumptive cause of the bowel obstruction, obstructive carcinoma or another pathological process hidden by the hernia are important considerations. Here we describe a case of a man with an obstructing neoplasm of the colon within a large ventral hernia, whose constipation was initially attributed to incarceration of the hernia.

Carcinoma of the sigmoid presenting as a right inguinal hernia. Boormans JL, Hesp WL, Teune TM, Plaisier PW.
Department of Surgery, Albert Schweitzer Hospital, P.O. Box 444, NL-3300, AK, Dordrecht, The Netherlands, p.w.plaisier@asz.nl.

We present the case of a 44-year-old man who presented with nausea, vomiting and acute pain in the right groin. On physical examination an irreducible mass was palpated in the right inguinal region. Ultrasound suggested an inguinal hernia sac with bowel contents. Subsequent right inguinal exploration revealed only unspecified necrotizing tissue, but no hernia sac or bowel contents were identified. Two days later laparotomy was required since the inguinal wound produced faecal discharge. The sigmoid appeared to be necrotic and perforated, and was subsequently resected. Histology revealed a perforated adenocarcinoma without lymph node involvement. Incarcerated inguinal hernias containing an adenocarcinoma of the colon are rare, but should be considered in patients presenting with an irreducible palpable mass in the inguinal region. Moreover, a carcinoma of the sigmoid may invade the right inguinal region. An intestinal perforation to skin-level in this population is even rarer and is associated with high morbidity and mortality rates.

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Perforation of the large bowel due to benign or malignant disease in an inguinal hernia is very rare, but should be considered as a potential cause of strangulated hernias. A 79-year-old man with a 2-day history of scrotal swelling and pain in the left side associated with fever and chills was brought to our Emergency Department, where he was classified as American Society of Anesthesiologists IVE. A large left incarcerated scrotal hernia was diagnosed and surgical exploration was performed using local infiltration anesthesia. A standard oblique inguinal incision was made, revealing perforation of the sigmoid colon due to cancer. A 40-cm segmental resection of the sigmoid colon was done, and a double-barrel colostomy was made through the inguinal incision. This surgical strategy involving construction of a double-barrel colostomy through the inguinal hernia incision could be an alternative method of managing such critically ill patients.

Surgical images: Soft tissue obstructing colon carcinoma in an irreducible scrotal hernia. Cervinka A, Inaba K, Wall WJ

[Colon adenocarcinoma found within an inguinal hernia sac][Article in Spanish]
Moran Blanco A, Blanco Suarez MD.

Leiomyosarcoma of the small intestine found within an inguinal hernia sac: a case report. Acar T, Guzel K, Aydin R.
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Inguinal hernias and intra-abdominal malignancy are both common phenomena and their co-existence cannot be rare. Colon carcinomas are reported to be the most common cause of both intrasaccular and saccular tumours (1) but the occurrence of small intestine carcinoma inside an inguinal hernia has not been reported. We describe the first case--a leiomyosarcoma of the ileum--which was also complicated by irreduction.

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We report herein the case of a patient in whom metastatic colon carcinoma was found within an inguinal hernia sac. According to Lejar's classification, colon carcinomas within inguinal hernias are categorized as intrasaccular- and saccular-type tumors. In our patient, asymptomatic transverse colon carcinoma was the primary lesion, and to the best of our knowledge, this is only the fourth case of such a saccular-type tumor to be reported in the literature. To date, 21 cases of intrasaccular tumors have been reported, and saccular-type tumors are considered to be an even rarer entity, unless the patients have obvious ascites, indicating peritonitis carcinomatosa. Histologic examination of the hernia sac is recommended for male patients of advanced age with an inguinal hernia, especially those who have previously undergone surgery for colorectal carcinoma.

Revisions necessary for publication
yes. see above

What next?: Accept after minor revisions

Quality of written English: Acceptable