

# H&E — GROIN SWELLING

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## HISTORY

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### 1 Chief Complaint

“Swelling in groin × duration”

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### 2 History of Present Illness

- ◆ Onset
    - Sudden → hernia complication / abscess
    - Gradual → hernia / lymph node
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### ◆ Progression

- Increasing in size? → hernia / tumor
  - Static? → lipoma
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### ◆ Pain

- Dull dragging pain → hernia
  - Severe pain → strangulated hernia
  - Tender swelling → abscess / inflamed node
  - Painless → lymph node / lipoma
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### ◆ Relation to Straining

Does swelling increase on:

- Coughing?
- Standing?
- Lifting weights?

Yes → hernia likely.

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- ◆ Reducibility

Does it disappear on lying down?

Yes → reducible hernia.

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- ◆ Fever

Suggests:

- Abscess
  - Lymphadenitis
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- ◆ Ulcer / Wound in Leg / Genitals

May suggest:

Reactive inguinal lymphadenopathy.

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- ◆ Urinary Symptoms

If male with BPH → chronic straining → hernia risk.

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## PROVISIONAL CAUSES

- Inguinal hernia
  - Femoral hernia
  - Lymph node enlargement
  - Lipoma
  - Psoas abscess
  - Saphena varix
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## EXAMINATION

Examine standing first.

Expose from umbilicus to mid-thigh.

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## INSPECTION

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- ◆ Site

Very important landmark:

Relation to pubic tubercle.

- Above & medial → inguinal hernia
- Below & lateral → femoral hernia

Examiner loves this.

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- ◆ Shape & Size

- Oval swelling along inguinal canal → hernia
  - Multiple nodular swellings → lymph nodes
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- ◆ Skin

- Redness → abscess
- Dilated veins → saphena varix

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- ◆ Cough Impulse (Look for visible expansion)

If present → hernia.

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## 2 PALPATION

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- ◆ Temperature

Warm → infection

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- ◆ Tenderness

Severe tenderness → strangulated hernia / abscess

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- ◆ Consistency

- Soft & compressible → hernia

- Firm, discrete → lymph node
  - Soft, lobulated → lipoma
  - Fluctuant → abscess
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◆ Cough Impulse (Palpatory)

Expansile impulse → hernia.

Absent in:

- Lymph node
  - Lipoma
  - Strangulated hernia
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◆ Reducibility

Gently reduce swelling.

- Reducible → hernia
  - Not reducible → node / lipoma / incarcerated hernia
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- ◆ Get Above the Swelling

If you cannot get above → inguinoscrotal hernia.

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- ◆ Deep Ring Occlusion Test (If Hernia Suspected)
    - Controls indirect hernia
    - Not controlled in direct
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### 3] PERCUSSION

- Resonant → bowel in hernia
  - Dull → node / lipoma / omentum
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### 4] AUSCULTATION

Bowel sounds → intestinal hernia.

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## IMPORTANT DIFFERENTIALS

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### 1. Inguinal Hernia

- Above pubic tubercle
  - Cough impulse present
  - Reducible
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### 2. Femoral Hernia

- Below & lateral to pubic tubercle
  - More common in females
  - High risk of strangulation
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### 3. Inguinal Lymphadenopathy

- Multiple, discrete
- No cough impulse
- Not reducible

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#### ● 4. Saphena Varix

- Soft swelling at SFJ
- Bluish
- Disappears on lying
- Thrill on coughing

Common exam trap.

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#### ● 5. Lipoma of Cord

- Soft
  - No cough impulse
  - Not reducible
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#### ● 6. Psoas Abscess

- Swelling in groin
- Flexion deformity of hip

- Fever
  - Deep tenderness
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## COMMON VIVA QUESTIONS

- Relation of swelling to pubic tubercle?
  - How to differentiate femoral from inguinal hernia?
  - What is saphena varix?
  - Boundaries of femoral canal?
  - Why femoral hernia strangulates more?
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-> The End <-