

Evidence Discussion: (AB-12.1)

Hernias: Inguinal or Femoral, or Indeterminate Groin Pain

- Diagnosis of inguinal and femoral hernias is usually possible by history and physical alone. When the diagnosis is in question because physical exam is inconclusive or symptoms are vague, ultrasound should be the initial imaging study. Ultrasound can provide useful information without the risk of radiation. It is readily available, easily performed and can be used in conjunction with provocative maneuvers such as valsalva to help delineate a hernia. These provocative maneuvers are more difficult to perform during CT scanning which gives a more static image.
- In the event of an inconclusive ultrasound or if there is a concern for a complicated hernia, imaging of the pelvis with either CT or MRI is appropriate. Abdominal imaging is not necessary for evaluation of an inguinal or femoral hernia.
- Post-surgical pain can be associated with neuropathy, recurrence, or mesh complications. These problems should be evaluated with US and/or nerve block as well prior to proceeding to advanced imaging if these studies are indeterminate.

References:

1. LeBlanc KE, LeBlanc LL, LeBlanc KA. Inguinal hernias: Diagnosis and Management. Am Fam Physician, 2013;87(12):844-848.
2. Hartman S, Leyendecker JR, Friedman B, et al., Expert Panel on Urologic Imaging. ACR Appropriateness Criteria® acute onset of scrotal pain -- without trauma, without antecedent mass. Reston (VA): American College of Radiology (ACR); Last review date, 2014.
3. International guidelines for groin hernia management. Hernia. 2018;22(1):1-165. doi:10.1007/s10029-017-1668-x.
4. Murphy KP, Oconnor OJ, Maher MM. Adult Abdominal Hernias. American Journal of Roentgenology. 2014;202(6). doi:10.2214/ajr.13.12071.