Hernia Sac

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Hernia sacs are common surgical specimens derived from the frequent repair of inguinal, femoral, and umbilical hernias. The sacs usually consist of a small portion of fibroconnective tissue lined by mesothelial tissue.

Approximately 22% of men undergoing hernia repair will also have a cord lipoma. Only 0.1% of hernia sac operations yielded an incidental liposarcoma in one study.[1] The two patients with liposarcoma were older than the average patient with cord lipoma (56 and 64 years versus 35 years) and the tumors were larger (13 and 10 cm versus 5.5 cm). A grossly evident fatty tumor of the cord is more likely to be malignant than fatty tumors at other sites. Tissue should be sent for cytogenetics. Other rare soft tissue sarcomas have been reported from this region.

Occasionally a groin mass (often an enlarged lymph node) is mistaken clinically for an inguinal hernia. If a lymph node is found, it should be processed as a lymph node biopsy as the node may be involved by metastatic tumor or infection.

Not infrequently, there will be other findings in hernia sac specimens that may be of clinical significance.[2-5] Some of the more common ones are listed here:

OCCASIONAL FINDINGS IN HERNIA SACS

- Endometriosis (may be present in a true hernia or can simulate a hernia)
- Incarcerated bowel
- Vas deferens or epididymis (usually an inadvertent transection) is found in 0.53% of pediatric patients. These structures must be distinguished from glandular inclusions, as there are medical and legal issues in such cases. A vas deferens should have a well defined muscular coat.
- Glandular inclusions from Mullerian remnants in prepubertal males
- Lymph nodes or metastatic tumor in inguinal nodes simulating a hernia
- Mesothelial hyperplasia, which may closely mimic a neoplastic process
- Tumors: a hernia may sometimes be the initial presentation of malignant mesothelioma, pseudomyxoma peritonei, or an intra-abdominal tumor (most frequently colon or ovarian carcinoma).

PROCESSING THE SPECIMEN

1. The specimen is a portion of thin tan/pink fibroconnective tissue with one shiny surface (the peritoneum) and one dull surface. Examine the specimen carefully to make sure that other structures are not present (see above).
2. Submit one cassette containing three representative cross sections. Submit any focal lesions or additional structures.

SAMPLE DICTATION

Received fresh labeled with the patient's name and unit number and "hernia" is a 4 × 3 × 0.4 cm fragment of pink/tan connective tissue. One side has a glistening surface.

Cassette: 3 frags, RSS.

REFERENCES

1. Montgomery E, Buras R. Incidental liposarcomas indentified during hernia repair operations. J Surg Oncol 71:50-53, 1999.
2. Gomez-Ramon JJ, Mayorga M, Mira C, et al. Glandular inclusions in inguinal hernia sacs: a clinicopathologic study of six cases. Pediatr Pathol 14:1043-1049, 1994.
3. Popek EJ. Embryonal remnants in inguinal hernia sacs. Hum Pathol 21:339-349, 1990.
4. Steigman CK Sotelo-Avila C, Weber TR. The incidence of spermatic cord structures in inguinal hernia sacs from male children,. Am J Surg Pathol 23:880-885, 1999.
5. Walker AN, Mills SE. Glandular inclusions in inguinal hernia sacs and spermatic cords. Am J Clin Pathol 82: 85-89, 1984.