A 67-year-old man presented with a large right inguinal mass that had progressed in size for 25 years. Eighteen years earlier, he had been hospitalized in a general surgery clinic with an inguinal hernia but declined surgical repair because of concern about the complications associated with the procedure. He returned to the clinic after an 8-day period of constipation. On examination, a hernia, 55 cm in length and 30 cm in width, was noted to reach the level of the knees (Panels A and B). The size of the mass suggested that the patient was at risk for intestinal obstruction, intestinal bleeding, and volvulus. Surgical correction was offered, but because of the risks, including bleeding, intestinal perforation, and failed healing of the abdominal wall, he elected conservative medical management, which included a high-fiber diet and the use of laxatives and enemas. He was subsequently lost to follow-up.

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