

PREVALENCE AND RISK FACTORS OF INGUINAL HERNIA AMONG MALE PATIENTS ATTENDING SURGICAL OUTPATIENT CLINIC IN MWANANYAMALA HOSPITAL JAN 2013-DEC 2013.

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ABSTRACT

Background: Inguinal hernia is the commonest anterior abdominal wall hernia with its associated complications such as obstruction and strangulation. The majority of hernias occur in males. Nearly 25% of men and only 2% of women in the United States will develop inguinal hernias. Approximately 4.5 million people in the US have an inguinal hernia, with around 500,000 new inguinal hernias diagnosed annually, though recent data are not available. For several reasons exact figures on incidence and prevalence of inguinal hernias are scarce. Many studies deal with special groups in different times. Patient populations are not stable and in a specific population the incidence of the disease may vary with the skills of the examiners. If a hernia is small, it may not be easily detected on examination. Some people do not seek medical help for their hernias because they do not consider it as a "disease"; and some people do not seek medical help because they simply do not have symptoms as the swelling is not painful. Another factor is that inguinal herniation may occur in any age group; a baby born with hernia may have none in his second year or a man may not develop hernia until the age of seventy. Knowledge about the predisposing factors to inguinal herniation is of paramount importance in preventing or reducing the incidence or prevalence of the disease entity.

Objective: The aim of this study was to determine the prevalence of inguinal hernia and its associated risk factors among males with inguinal hernia attending surgical OPD in Mwananyamala hospital, Dar-es-salaam, Tanzania.

Materials and Methods: Hospital based prospective descriptive study was conducted to evaluate all male patients attending surgical clinic at Mwananyamala Hospital, Dar-es-salaam from Jan 2013 to Dec 2013 who met the inclusion criteria. A total of 280 Patients were recruited in the study and all were available for analysis.

Results: The respondents who were enrolled in this study were all men of black race. Eighty six (30.7%) of the respondents were above 60yrs while 82(29.3%), 53(18.9%), 31(11.1%) and 28(10%) of the study population were at the 31-40, 41-50, 21-30 and 51-60 age groups respectively. The mean age of presentation was 48.75. Of 280 respondents 89 (31.8%) had inguinal hernia of which 59(66.3%) had right sided disease, 28 (31.5%) left sided and 2 (2.2%) had bilateral disease. Direct inguinal hernia was observed more frequently than indirect counterpart and the difference was statistically significant

($p < 0.05$). The majority of the study participants presented with obvious visible inguinal mass while very few had palpable impulse alone. After adjustment for age the prevalence of inguinal hernia was significantly related to six out of eight variables. The rate was relatively high in the presence of strenuous activities 62(69.7%) $P < 0.01$, cigarette smoking 59(66.3%) $P < 0.01$, and family history 57(64%) $p < 0.01$, while straining during micturition 27(30.3%) $p < 0.01$, and chronic cough had moderate association. It was relatively low in the presence of straining during defecation 18(20.2%) $p < 0.01$, upper abdominal surgeries 7(7.9%) $p > 1.0$, and prematurity 1 (1.1%) $p = 1.0$. None of the respondent with hernia was obese. Straining during micturition was statistically significantly associated with direct hernia ($p < 0.05$). However chronic cough and upper abdominal surgeries were highly associated with indirect and direct inguinal hernia respectively, but the association was not statistically significant

Conclusions and Recommendations: Inguinal hernia is among common noninfectious public health problem in Kinondoni and Tanzanian male population. The most common risk factors are strenuous activity and cigarette smoking. Ant-cigarette smoking campaign should be launched to address its side effect in relation to inguinal hernia. Also the Ministry of Health and Social Welfare should set regulation to limit cigarette production to lower its availability and use. Further study is needed to explain the protective effect of obesity on risk of inguinal herniation.