

DATE:

PHYSICIAN:

PLEASE INCLUDE: COMPLAINTS, PERTINENT PHYSICAL FINDINGS, RESULTS OF X-RAY AND LABORATORY TESTS, TREATMENT, COURSE IN HOSPITAL, RECOMMENDATIONS TO PATIENT, AND FINAL DIAGNOSIS

The patient is a 48 year old male who has been troubled with pain and bulging in his right groin for the past month. This is becoming progressively severe where the pain at times within the past week necessitates patient lying down and reducing his inguinal hernia. The patient previously had a bilateral herniorrhaphy approximately six years ago with recurrence on the left side approximately three years ago. This was at another hospital with an attempt by the patient who desired to have Marlex mesh put in on the recurrent side approximately three years ago but was refused. Patient got along fairly well until one month ago when his symptoms began and now desires to have the right side repaired because of increasing symptoms with the hopes of reinforcing the area with Marlex mesh.

This was performed under general anesthesia with an uneventful postoperative course. The defect in his right inguinal area consisted of an incarcerated portion of bladder which was reduced and the defect then covered with Marlex mesh placed above the weakened muscle for more reinforcement.

The remainder of his x-ray and laboratory work were within normal limits.

He was discharged in satisfactory condition to be followed on an outpatient basis by his family physician.

D. 3-26-77

T. 4-6-77

PATIENT	AGE	ROOM	DATE	HOSP. NO.
	48	416-1	3-24-77	134029
DOCTOR				PATH. NO.
CLINICAL DIAGNOSIS				M951-77
Recurrent right inguinal hernia				
TISSUE SUBMITTED				
Lipoma of cord (right)				

GROSS: The specimen consists of a slightly lobular orange mass which is seen floating in the fixative measuring about 3 cms. in dimension, and is partially hemorrhagic and a portion is to be processed for microscopic study.

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MICROSCOPIC: Microsection is of a tissue composed of adult fat cells with a scanty supporting fibrovascular stroma. Capsular structure is not identified in the section examined. There is no evidence of inflammatory or malignant alteration.

DIAGNOSIS: Compatible with lipoma, hernia repair.

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