

CASE VIDEO

Peristalsis in an unusual place—The diagnostic utility of point-of-care ultrasound: A case report

Patrick A. Twohig¹  | James C. Pile²

¹Department of Gastroenterology & Hepatology, University of Nebraska Medical Center, Omaha, Nebraska, USA

²Department of Hospital Medicine, Cleveland Clinic, Cleveland, Ohio, USA

Correspondence

Patrick A. Twohig, Department of Gastroenterology & Hepatology, University of Nebraska Medical Center, 982000 Nebraska Medical Center, Omaha, NE 68198, USA.
Email: patwohig@gmail.com

Abstract

Complications related to inguinal hernias are commonly encountered in medicine. Clinical presentation can vary, and although diagnosis can often be made during physical examination, point-of-care ultrasound (POCUS) can be useful in cases where the diagnosis is unclear. Our case underscores to clinicians the utility of POCUS in diagnosing inguinal hernias.

1 | CLINICAL QUESTION

How are inguinal hernias typically diagnosed? What is the preferred imaging modality?

2 | CASE

A 36-year-old man with history of intravenous heroin use presented with altered mental status, acute respiratory failure, and a distended scrotum. Point-of-care ultrasound showed multiple actively peristalsing loops of bowel in the left inguinal canal and hemiscrotum, consistent with a massive scrotal inguinal hernia (Video S1). He was treated for lung empyema and scheduled for hernia repair. Complications from inguinal hernias are commonly encountered in medicine.¹ Although typically diagnosed on physical examination, our case highlights the underappreciated role of point-of-care ultrasonography in diagnosing

inguinal hernias, especially during critical illness, if the diagnosis is unclear, or complications are suspected.²

AUTHOR CONTRIBUTIONS

PAT designed manuscript, acquired data, drafted and revised article, and approved final version of the manuscript. JP designed manuscript, interpreted data, drafted and revised article, and approved final version of the manuscript.

ACKNOWLEDGMENT

None.

FUNDING INFORMATION

No financial support was used for this manuscript.

CONFLICT OF INTEREST

The authors have no financial, consultant, institutional, or other conflicts of interest to declare.

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2022 The Authors. *Clinical Case Reports* published by John Wiley & Sons Ltd.

DATA AVAILABILITY STATEMENT

No data are available.

ETHICS STATEMENT

This case report was exempt from institutional review board approval since de-identified patient information was used.

CONSENT

Written and verbal informed consent was obtained from the patient for the publication of this case report and any accompanying images.

ORCID

Patrick A. Twohig  <https://orcid.org/0000-0002-5423-8749>

REFERENCES

1. Brooks DC, Hawn M. (2018). Classification, clinical features and diagnosis of inguinal and femoral hernias in adults. In: Post TW, ed. UpToDate. Waltham, MA: UpToDate. Accessed November 12, 2021. <https://www.uptodate.com/contents/classification-clinical-features-and-diagnosis-of-inguinal-and-femoral-hernias-in-adults>
2. Robinson A, Light D, Kasim A, Nice C. A systematic review and meta-analysis of the role of radiology in the diagnosis of occult inguinal hernia. *Surg Endosc.* 2013;27(1):11-18.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Twohig PA, Pile JC. Peristalsis in an unusual place—The diagnostic utility of point-of-care ultrasound: A case report. *Clin Case Rep.* 2022;10:e06768. doi:[10.1002/ccr3.6768](https://doi.org/10.1002/ccr3.6768)