

CLOQUET'S LYMPH NODE ABSCESS: A RARE DIFFERENTIAL DIAGNOSIS OF INGUINOCRURAL MASS IN THE EMERGENCY SETTING

TOMÁS CIFONE, JOSÉ F. VIÑAS, ARIEL S. SEDZISZOW

Servicio de Cirugía General, Hospital Italiano de Buenos Aires, Argentina

E-mail: tomas.cifone@hospitalitaliano.org.ar

A 68-year-old patient with a history of laparoscopic radical prostatectomy consulted the emergency department for groin pain and fever of 48 hours of evolution. Physical examination revealed an irreducible and painful tumor on palpation at the right inguocrural level. An abdominal-pelvic CT was performed, which showed a mass with liquid content and signs of inflammation at the level of the subinguinal space, medial to the femoral vein (Figure 1-2). The main differential diagnoses proposed were complicated crural hernia and abscessed adenopathy of the proximal deep inguinal node [Cloquet's node or Rosenmuller's node]. In view of the diagnostic doubt and the regular condition of the patient, it was decided to perform an exploratory laparoscopy where the presence of a complicated crural hernia was ruled out. Subsequently, ultrasound of the inguocrural region and puncture of the hypoechoic image in the right crural region were performed, extracting 15 ml of pus which was sent for culture and cytology. The patient evolved favorably and was discharged on the second postoperative day.

Cloquet's lymph node lymphadenopathy should be considered among the multiple differential diagnoses of an inguocrural mass in the emergency. Exploratory laparoscopy is a minimally invasive method that allows us to rule out the presence of complicated hernia when there is diagnostic doubt, prioritizing patient safety.

Figure 1 |



Figure 2 |

