

Case Report about Inguinal Bladder Hernia

Benjelloun Touimi Kenza*

Department of Medicine, CHU Ibn Rochd, Morocco

*Corresponding author: Benjelloun Touimi Kenza, Department of Medicine, CHU Ibn Rochd, Morocco

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Abstract

The inguinal hernia affects 3-8% of the general population; and 80-83% of all hernias are located in the inguinal area. The herniation of the bladder into the inguinal canal is very rare and the incidence is 1-3% among men over the age of fifty [1].

The majority of patients with bladder hernias are asymptomatic and diagnosis is made intraoperatively [2].

We report about a case of an inguinal hernia which became strangulated, without urological symptoms.

The exploration revealed inguinal bladder hernia that was repaired by herniorrhaphy.

Keywords: Inguinal hernia; Bladder

Introduction

Inguinal bladder hernia is a relatively uncommon. Most cases are asymptomatic and are usually found incidentally at the time of herniorrhaphy. We report about a patient, who presented with a strangulated right inguinal hernia whose content was bladder.

Case Presentation

Patient was 50-year-old man. He had a surgery when he was 2 years old for a scrotal pathology (without documentation). He presented two years ago, a reducible and painless inguinal swelling, complicated 2 days ago becoming painful and irreducible. So, he was referred to our emergency. He had no urinary signs. He was afebrile, with normal respiratory rate and normal resting heart rate.

The examination was remarkable for right inguinal hernia which was painful and irreducible. It wasn't extending into the scrotum. Digital rectal exam was normal (non-palpable prostate). We didn't ask for any additional or radiological examination because the hernia was strangulated. The patient was transferred to the operating room.

The laparotomy was right inguinal under spinal anesthesia. The bladder filling test using a Foley catheter confirmed the hernia, which was dissected and returned to its normal pelvic position. The inguinal hernia was repaired using Bassini technique. The post-operative care was simple, the bladder catheter was removed on postoperative day 1 without incident. The patient was discharged from hospital on postoperative day 2.

Discussion

The inguinal hernia affects 3-8% of the general population; and 80-83% of all hernias are located in the inguinal area. Approximately, 75-85% of the patients are men. The herniation of the bladder into the inguinal canal is very rare and the incidence is

1-3% among men over the age of fifty [1].

There are three forms of bladder herniation including paraperitoneal, intraperitoneal, and extraperitoneal [3].

Most are asymptomatic and are discovered incidentally during radiological evaluation of inguinal hernias. However, symptoms such as dysuria, frequency, urgency, nocturia, and hematuria are also common. A typical symptom will be a reduction of hernia size after passing urine, and the ability to pass urine after pressing the hernia sac [4].

Many factors can lead to bladder herniation: chronic bladder distension (e.g. prostatism) and its contact with the inguinal canal, loss of bladder tone, pericystitis, perivesical fat protrusion, large pelvic mass lesions [4].

Imaging modalities are intravenous urography, cystography,

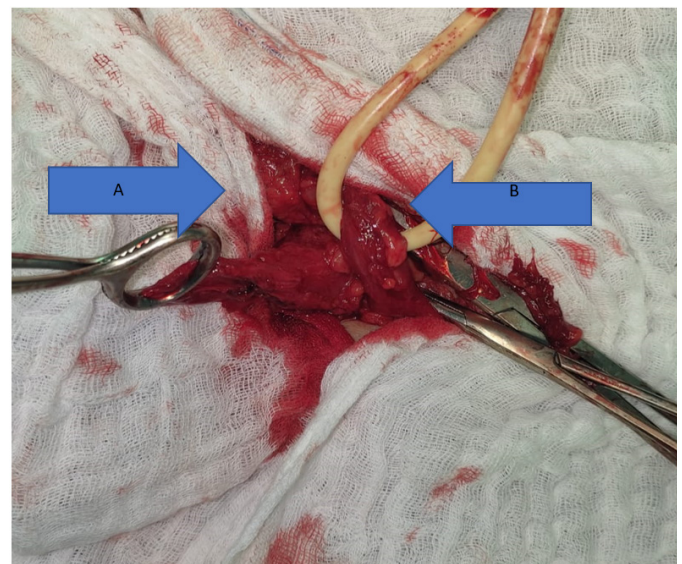


Figure 1: A. Bladder – B. spermatic cord.

ultrasonography, computed tomography, and magnetic resonance. Cystography is the gold standard method for the diagnosis [3].

The surgical repair can be performed ideally and safely with the use of mesh that decreases the risk of recurrence [5-7]. However, it's also possible to close the defect without the use of mesh graft, as was done for our patients, because it was an emergency, and it depending on the surgeon's choice, availability, and, above all, to local conditions (eg, bleeding, operation field contaminated by urine).

The standard treatment of inguinal bowel hernia (IBH) is either reduction or resection of the herniated bladder followed by herniorrhaphy [8].

Conclusion

During an inguinal hernia, the diagnosis of bladder hernia should be considered each time it occurs in a man aged over 50 with urinary signs. The treatment consists of reintegrating the bladder into its anatomical position, and inguinal hernia repair.

References

1. Çalışkan S, Türkmen M, Sungur M. Inguinal Bladder Hernia in Female Patient. *Iran J Med Sci*, 2018; 43(6): 671-672.
2. Papatheofani V, Beaumont K, Nuessler NC. Inguinal hernia with complete urinary bladder herniation: a case report and review of the literature. *Journal of Surgical Case Reports*. 1 janv, 2020; 2020(1): rjz321.
3. Bacigalupo LE, Bertolotto M, Barbiera F, Pavlica P, Lagalla R, Mucelli RSP, et al. Imaging of Urinary Bladder Hernias. *American Journal of Roentgenology*. févr, 2005; 184(2): 546-551.
4. El-Feky M, Radswiki T. Urinary bladder hernia. In: *Radiopaedia.org*, 2011.
5. Gomella LG. The Surgical Implications of Herniation of the Urinary Bladder. *Arch Surg*. 1 août, 1985; 120(8): 964.
6. Coskun F, Oru MT, Akbulut Z, zozan. Urological findings in inguinal hernias: A case report and review of the literature. *Hernia*. 1 févr, 2004; 8(1): 76-79.
7. Kraft KH, Sweeney S, Fink AS, Ritenour CWM, Issa MM. Inguinoscrotal bladder hernias: report of a series and review of the literature. *CUAJ*, 2008; 2(6): 619.
8. Moufid K, Touiti D, Mohamed L. Inguinal bladder hernia: four case analyses. *Rev Urol*, 2013; 15(1): 32-36.