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RESEARCH ARTICLE

CASE REPORT OF INGUINAL BLADDER HERNIA

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Abstract

Inguinal bladder hernia is a rare condition. The diagnosis is established either pre-operative by Ultrasound or intra operatively if not noticed before surgery. It is important to diagnose the problem and at the same time to avoid any damage or unexpected complication during surgery by good preparation and with expert hands. The outcome of surgery depends on many factors like the size of hernia, adhesions and abnormal anatomy or bladder diverticulum. Repositioning and catheterization of the bladder would be appropriate and safe way of management.

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Introduction:-

Case Presentation:

A male of 42 years old presented with right inguinal swelling since more than two years. Pertinent negatives include no abdominal pain, chest pain, coughing, fatigue, fever, headaches or rash. The symptoms are aggravated by standing, sneezing and coughing. The patient related that sometimes he has difficulty in urination, but no symptoms of obstruction.

Clinically, he was fine with reducible small (4-5cm) right inguinal hernia. Left high inguinal scar of previous hernia surgery was noticed. We prepared the patient for elective surgery after performing routine investigations including blood test and Abdominal Ultrasound.

Intra operative findings showed direct right inguinal hernia with herniated urinary bladder inside. The findings were discovered after completing peritoneal flap creation and insertion of urinary catheter to confirm the findings. The urinary bladder was released from defect and inflated with saline to check for any injury. Later we applied the mesh and closed the peritoneal flap. Post-operative course was uneventful and patient was followed in our clinic (figure 1,2).

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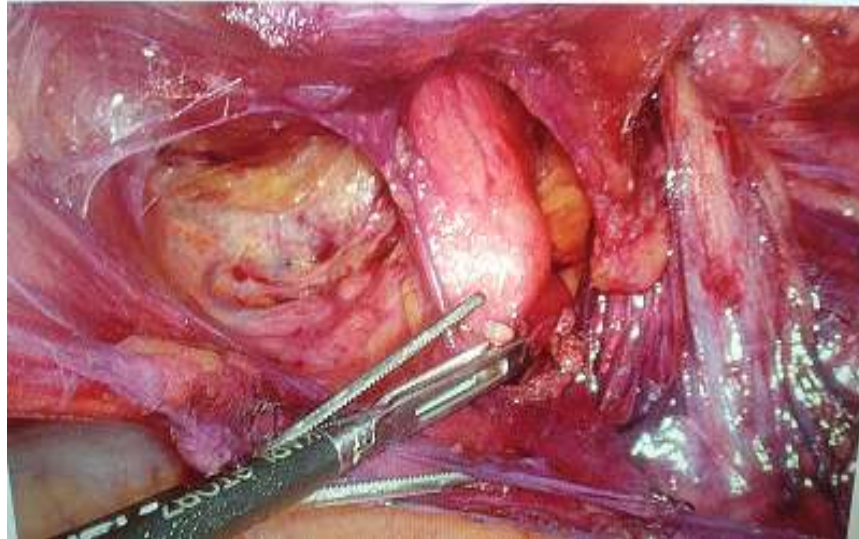


Figure 1:- The elongated part of urinary bladder is herniated inside the defect.

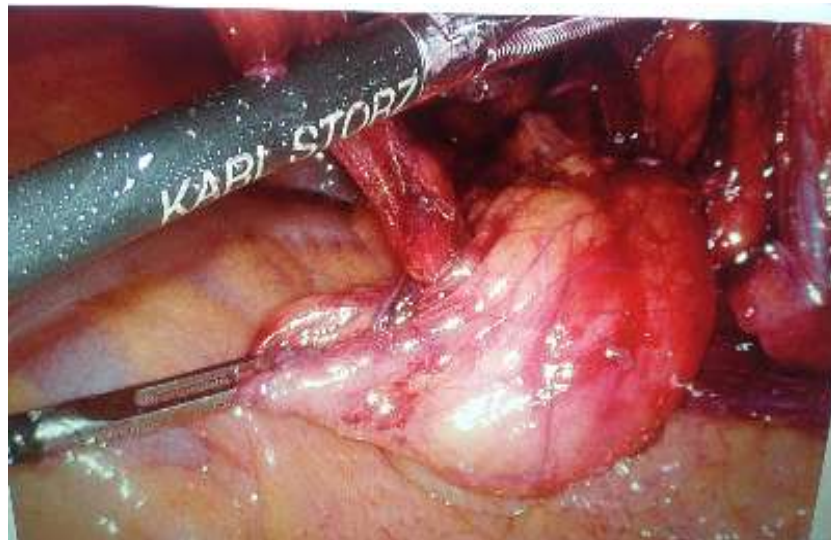


Figure 2:- The urinary bladder after release from defect.

Discussion:-

We presented a herniation of urinary bladder inside direct inguinal hernia that was managed operatively. The type of hernia is rare and found in 1-5% of inguinal hernias ⁽¹⁾. The best management for complicated cases is open surgery. Our patient was a young male and do not have any co morbidities but just previous history of open repair for the other side. The diagnosis in this case was not noticed by Abdominal Ultrasound, however it is recommended to do Ultrasound and cystography if urinary bladder hernia was expected ^(2,3).

The urinary bladder was found partly herniated inside the defect. We did not report any serious complication in this case as mentioned in some series of cases ^(4,5,6)

Some authors reported complicated cases with herniated urinary bladder and forming scrotal or big inguinal hernia in old Patients ^(7,8,9)

A review of literature and published cases showed that there is expected complications depending on the duration of symptoms, age and size of the herniated part of the hernia, that may affect the bladder tone, infection, bladder outlet obstruction or even renal impairment ⁽²⁾

Majority of cases are diagnosed intra operatively like our case ^(4,5)

Conclusion:-

Urinary bladder hernia is a rare condition. Physicians seeing patients with inguinal hernia should be aware that patient may have inguinal bladder hernia, especially in patients presenting with newly developed symptoms of lower urinary tract⁽¹⁰⁾

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