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Original Research Paper

Surgery

AN UNCOMMON CASE OF INGUINAL HERNIA IN FEMALE WITH OVARY AS ITS CONTENT –A CASE REPORT

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ABSTRACT Inguinal hernia with ovary as its content is very rare in female. Here we present a case of 18- year old female who presented with swelling in the left groin region associated with dragging pain in the left iliac fossa. She was diagnosed clinically as congenital left indirect inguinal hernia. Left Hernioplasty was done. It showed congenital inguinal hernia with ovary as its content.

KEYWORDS : Indirect inguinal hernia, ovary.

1. INTRODUCTION

Inguinal hernia is uncommon in females compared to males. The Incidence rate being below 5%, the ratio of male to female is 6:1.The site of presentation is 68% on right side, 23.4% on left, and 8.5% bilateral. The reported incidence of inguinal hernia occurrence is 71% in girls under 5 years and 30% in adolescents or women in reproductive age group and 2.9% exclusively in elderly female. In elderly women, indirect hernias are more common than direct hernias and typically occur during 40–60 years of age. Most of these hernias contain intestinal contents. Rarely viscera such as female adnexa (ovaries or fallopian tubes) is seen3% of hernias.

2. CASE REPORT

An 18- year old female presented with left groin swelling, with intermitent dull aching pain in the swelling since last 2 year. Patient had past history of congenital anomalies including uterine agenesis, left renal agenesis and anorectal malformation and having past history of surgical intervention for anorectal malformation at 2 month of age. Patient was also having history of primary amenorrhea with normal secondary sexual characteristics. Local examination revealed a reducible swelling in her left inguinal region with positive cough impulse and deep ring occlusion test suggesting an indirect inguinal hernia. Routine test were done. Patient was planned for left side mesh hernioplasty. On operation it was found to be indirect inguinal hernia with ovary as it content. As ovary was viable it was reduced and Lichtenstein's mesh repair was done. Post-operative period was uneventful and patient was discharged on post operative day four.

3. DISCUSSION

Inguinal hernias occur rarely in females in around less than 5% of women. The diagnosis of an inguinal hernia can be made based on history and physical examination alone in the majority of cases. Inguinal hernias may present as an asymptomatic finding such as a painless bulge in the groin, with mild to severe abdominal-pelvic pain. Inguinal hernias in female must be promptly evaluated due to possible strangulation of organs, including, on rare occasion, the ovary and fallopian tube. Entrapment of adnexa in an indirect inguinal hernia is rare in adult women. Most of the cases which were reported were mainly seen in pediatric age group in whom ovaries and fallopian tube is seen as unusual contents.

The reported incidence of its occurrence is 71% in children under 5 years and 30% in adolescents or women in reproductive age group and 2.9% exclusively in elderly females. At around 6 weeks of intrauterine life parietal peritoneum evaginates as processus vaginalis. The female counterpart of processus vaginalis usually disappears by 8 months of intrauterine life but may sometime persist as the canal of nuck. This persistence may be attributed to the hydrocele of the canal of nuck or inguinal hernia. One of the published reports laid the hypothesis that if there is failure of the fusion of the Mullerian ducts leading to the excessive mobility of the ovaries and with non fusion of the uterine cornuae, the chance of herniation of the ovary into the inguinal canal is increased. Reports have been documented of herniation of not only the ovary but fallopian tube and even the herniation of the entire uterus into the inguinal canal of female infants. Researchers have documented that when the ovary is herniated completely, only the fallopian tube is attached to the ligament in the sac and ovary and its vessels do not adhere to the sac itself. In cases when uterus also herniated, the herniated part of the uterus also adheres to the sac and needs a careful exploration. In our case, it was indirect inguinal hernia with ovary as it content, which could be due to a long ovarian ligament and broad ovarian mesentery. The sac was opened in the normal appearing portion, and the walls inspected for a sliding component. The mesenteric attachment of the inner sac wall is divided in the bloodless plane within the sac. The freed up tube and the ovary is then reduced easily with no compromise in the blood supply and the neck of the sac is closed in the usual way. Since the tubes were not present in the sac, we were able to reduce the ovary easily intra peritoneally and closer of sac by purse string suturing.

Fig 1: Hernial sac on exploration

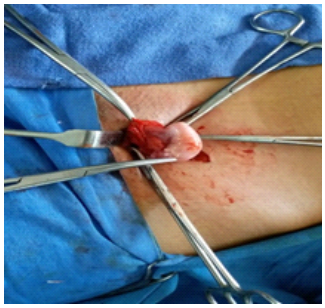

Fig 2: contents of hernia sac (ovary and fallopian tube)

4. CONCLUSION

Inguinal hernia occurs rarely in females. The possibility of hernia's containing genital structures such as ovaries, fallopian tubes or even the uterus should be kept in the mind in all female hernia and should be evaluated carefully in order to ensure proper surgical intervention in a timely fashion in order to prevent and relieve torsion and to return normal perfusion to the adnexa when the contents are adnexal organs. Multiple imaging studies may be necessary to assist in diagnosis, including ultrasound and/or cross-sectional imaging by computed tomography (CT), if a clinical suspicion is made preoperatively.

5. REFERENCES

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