



LSCS SITE INCISIONAL HERNIA CONTAINING FALLOPIAN TUBE WITH ITS INCARCERATION: A RARE COMPLICATION DIAGNOSED BY MRI AND ULTRASOUND

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ABSTRACT Scar site herniation of the fallopian tube following cesarean section is an exceptionally rare complication that may present with pain, swelling, or an irreducible mass at the scar site. We describe the case of a 30-year-old woman who developed a bulge at her cesarean scar 30 days after delivery, with imaging suggesting a tubular adnexal structure within the hernia sac. Diagnostic laparoscopy confirmed herniation of the left fallopian tube through the scar defect, which was successfully reduced and repaired with mesh. This case highlights the importance of considering gynecologic structures in the differential diagnosis of post-cesarean scar swellings and emphasizes the role of imaging and timely surgical intervention in preventing complications such as strangulation or infertility.

KEYWORDS : Fallopian tube herniation, cesarean scar site, adnexa.

INTRODUCTION

An incision hernia of the fallopian tube from a lower segment cesarean section (LSCS) scar following a Pfannenstiel incision site is an exceptionally rare postoperative complication. It involves the protrusion of the fallopian tube through a defect in the abdominal wall at the site of a previous cesarean incision. This condition may present as a reducible or irreducible mass at the scar site and can lead to complications such as pain, strangulation, or tubal ischemia (1,2). Early diagnosis is essential to prevent morbidity, often requiring surgical intervention (3). Awareness of this rare entity is crucial for clinicians evaluating post-cesarean scar masses in reproductive-aged women (4).

Imaging Protocol:-

Transabdominal sonography of pevic region in transverse and axial planes.

MRI PELVIS WAS DONE ON- SEIMENS SYNGOVIA MANETOM VIDA 176507 3T MRI. T2/T1 sequence covering the paraaortic regions were performed. Oblique sequence perpendicular to the short axis of the uterine corpus, slice thickness ≤ 4 mm for axial or axial oblique sequence was used. In contrast, the use of gadolinium-enhanced T1WI FS sequence was used. DCE MRI was used diffusion weighted imaging (DWI) was of female pelvic MRI.

Case Report

A 30-year-old female presented to the gynecology outpatient department with complaints of intermittent lower abdominal pain and a visible bulge at the site of her LSCS scar 30 days post LSCS. She had a history of three previous LSCS deliveries. She reported the sensation of "something coming out" of her scar site which was irreducible.

On examination, an irreducible swelling was noted at the LSCS scar site, without signs of infection. Ultrasonography (USG) revealed herniation of a vascular soft tissue through a defect in the anterior abdominal wall arising from the uterus, with the left ovary visualized separately. Magnetic resonance imaging (MRI) further delineated the contents of the hernial sac as consistent with a tubular structure suggestive of a fallopian tube, similar to prior reports of adnexal organs being

found in hernia sacs (1–3).

Laparoscopy was performed, confirming the presence of the left fallopian tube herniating through the cesarean scar defect. No bowel or omental involvement was observed. The herniated tube was carefully reduced, and the abdominal wall defect was repaired with mesh reinforcement.

This case highlights a rare but important complication of repeated cesarean deliveries—scar site herniation of a pelvic organ, specifically the fallopian tube. Timely diagnosis with imaging and surgical management is essential to prevent complications (4).

Representative Figure:

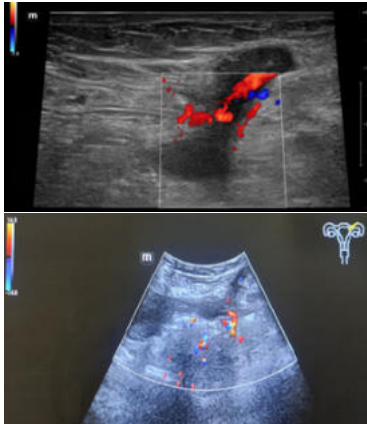


Image 1 & 2. Ultrasound of left adnexa demonstrate a fallopian tube showing normal vascularity adhered to the scar site.

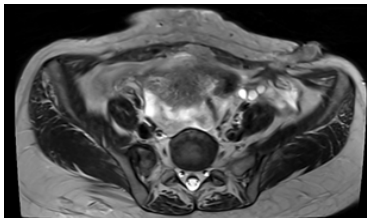


Image 3: T2 weighted axial section of MRI pelvis showing fallopian tube incarcerated at LSCS scar site.

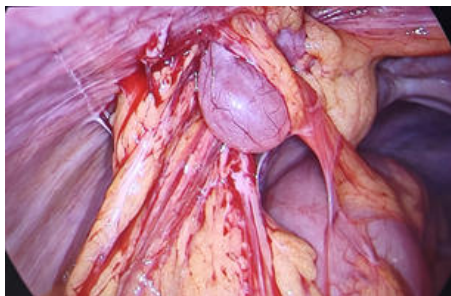


Image 4: Operative view depicting the viable left fallopian tube seen adhered to LSCS scar site along with the left ovary.

DISCUSSION

Herniation of the scar site after cesarean section is a rare but more frequently reported complication, especially in patients with multiple previous LSCS (1,2). The most frequent herniated contents are omentum or bowel, though herniation of a fallopian tube is very rare, with only a few reported cases in the literature (1–4).

Here, the patient had three previous LSCS surgeries, making her prone to anterior abdominal wall weakness and possible dehiscence of fascia. The complaint of pain and a firm mass along the scar area, worsening with straining, is classic for incisional hernias. The unusual aspect of this case is the recognition of the fallopian tube as the herniated content—something that is not usually in the differential diagnosis (2,4).

Imaging is also important in diagnosis. Although ultrasonography can pick up the defect, MRI offers better soft tissue contrast and helped in the suspicion of a tubular adnexal structure within the hernia (2,3). Diagnostic laparoscopy not only established the diagnosis but also facilitated safe reduction and repair.

This case points to the significance of proper imaging and gynecologic structures in mind in women who present with abdominal complaints post-LSCS. It also points to the necessity of careful closure methods during cesarean delivery and mesh repair in the prevention of recurrence. Early intervention in the form of surgery is necessary to prevent complications like strangulation or infertility (1,4).

CONCLUSION :-

Scar site herniation of the fallopian tube following cesarean section is a very rare complication with few cases reported in the literature. Careful clinical assessment, physical examination along with imaging modalities such as ultrasonography and MRI is essential for timely diagnosis and treatment. Surgical exploration and repair remain the definitive treatment to prevent complications such as strangulation, ischemia and subsequent infertility. Awareness of this entity will help clinicians and radiologists to consider gynecologic structures in the differential diagnosis of post-cesarean scar swelling/herniation.

Conflict Of Interest

The authors declare that there is no conflict of interests.

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