47th ANNUAL INTERNATIONAL CONGRESS EHS 2025 JUNE 4-6 PARIS-FRANCE

A Rare Case of Right Inguinal Hernia in a Patient with MRKH Syndrome.

[1] Dr. Surya Priya, [2] Prof. Naveen Alexander
[1] , [2]- Department of General Surgery, Sri Ramachandra Institute of Higher Education and Research

INTRODUCTION

Repair of groin hernia is one of the most common operations performed in general surgery, with over 20 million operations per year. Ovarian hernia in female infants and paediatric patients are often associated with congenital genitourinary tract anomalies such as Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome. MRKH syndrome refers to congenital aplasia of the uterus and the upper two-thirds of the vagina in females with normal ovaries and fallopian tubes, secondary sexual characteristics and 46XX karyotype. We report a case of a MRKH syndrome with right inguinal hernia with ovary as content.

CASE REPORT

A 16 year old female presented to the opd with complaints of swelling in the right side of her groin since two days associated with pain. She is a known case of MRKH syndrome with karyotyping done earlier for primary amenorrhoea. Further evaluation with MRI abdomen revealed right inguinal hernia with ovary as content. Size, morphology and location of both the kidneys were normal without any evidence of anomalies. The patient was planned for laparoscopic right inguinal hernioplasty. The hernial sac contained the right rudimentary horn of the uterus, round ligament and the right ovary. Round ligament was divided and the contents were reduced. Prolene mesh was placed in the preperitoneal plane and anchored to the pubis using tackers. Right oophoropexy was done. Post operative period was uneventful.

DISCUSSION

Inguinal hernias in infants and young adults result from the persistence of a patent peritoneal pocket. In females the ovaries also descend into the pelvis but do not exit from the abdominal cavity. The peritoneal extension, if it remains patent in females, is known as the diverticulum of Nuck and leads to indirect inguinal hernia. If canal of Nuck remains open along with shortening of the distal end of the gubernaculum, it causes the ovary to be pulled into the canal of Nuck lying within the inguinal canal. Repositioning and herniorrhaphy are advisable as soon as the condition is recognized, irrespective of mullerian status. This repositioning may be performed by an open or laparoscopic approach. Right Trans Abdominal Preperitoneal mesh plasty was done. Right oophoropexy by suturing it to the lateral pelvic wall was done to prevent torsion.

CONCLUSION

Most of the studies reported in literature involves open method for management of an inguinal ovary. Since our patient is young and unmarried we decided to go ahead with an Laparoscopic approach. Ovary was preserved in this patient she can have genetic children through IVF with embryo transfer to a gestational carrier.

Figure 1: Contents of the Right inguinal hernia

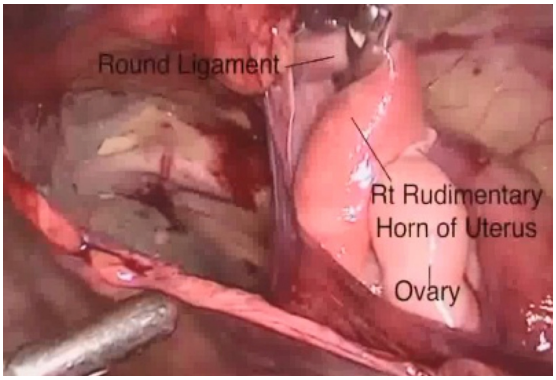

Figure 2: Mesh placement