"Large inguinoscrotal hernia containing almost the entire bladder"

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OBJECTIVE

Inguinal hernia is one of the most common conditions encountered in the daily practice of a general surgeon. The laparoscopic approach is proposed as the treatment of choice for these conditions.

MATERIAL AND METHODS

We present the case of a 76-year-old male with a significant medical history of benign prostatic hyperplasia (BPH). He came to the Emergency Department with an inability to urinate and acute urinary retention (AUR), along with an increase in a scrotal mass.

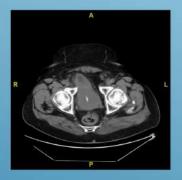
Physical Examination: weight 91kg, height 161cm. Right-sided mass compatible with a large, irreducible right inguinoscrotal hernia.

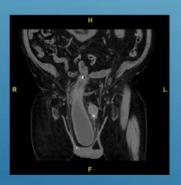
CT scan: large right inguinoscrotal hernia containing almost the entire bladder. No hernias on the left side.

Early surgical intervention is indicated.

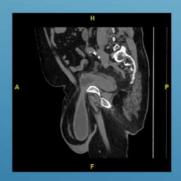


HS HERNIA









RESULTS

Surgical intervention was performed, revealing a large right inguinal hernia with a medial defect in the entire posterior wall (M3) and a lateral defect (L2). The hernia sac contained the entire bladder. A preperitoneal transinguinal hernioplasty was performed, followed by closure of the transversalis fascia and the posterior wall, and a second repair using the Lichtenstein technique.

The patient was discharged the day after surgery without complications.

CONCLUSION

Currently, repair using a minimally invasive approach (laparoscopy) has become the treatment of choice for inguinal hernias, except in very rare cases..

