

## Images

# Inguinal hernia containing uterus in a newborn: What to do? ☆

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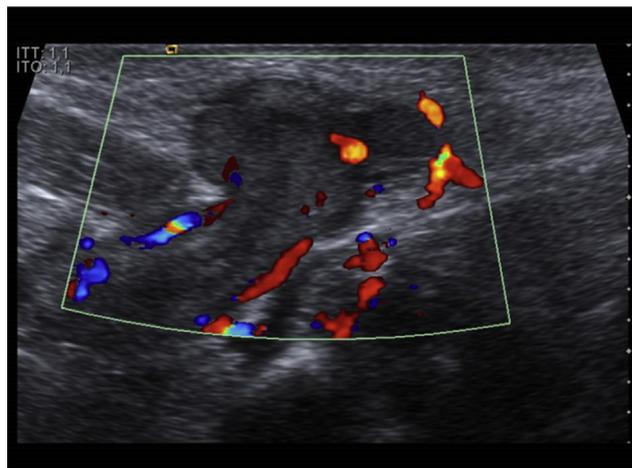
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A preterm newborn of 31 weeks of gestation was admitted because of hyaline membrane disease and apnea-bradycardia syndrome. On day 3 of life, a left inguinal hernia was detected, but was not painful and reducible. Sonographically, a homogeneous and hypoechoic mass containing a hyperechoic line was observed in the hernia sac, corresponding to a uterus with the endometrium. Besides the uterus, one of the ovaries could be seen. Color Doppler ultrasonography revealed no vascular compromise (Figs. 1 and 2).

Surgery was deferred until the patient was 2-months-old. We used the percutaneous internal ring suturing (PIRS) technique. During surgery, an internal left ring was found open with herniation of the ovary, left fallopian tube, and part of the uterus.

The patient's recovery after surgery was satisfactory, and she was discharged in 48 h with no complications. After two years of follow-up, no recurrence or complication was observed.

Inguinal hernia is very frequent in the pediatric population.<sup>1,2</sup> The cause is due to incomplete closure of the processus vaginalis of the peritoneum, which usually closes



**Figure 1** Color Doppler ultrasonography revealed no vascular compromise.

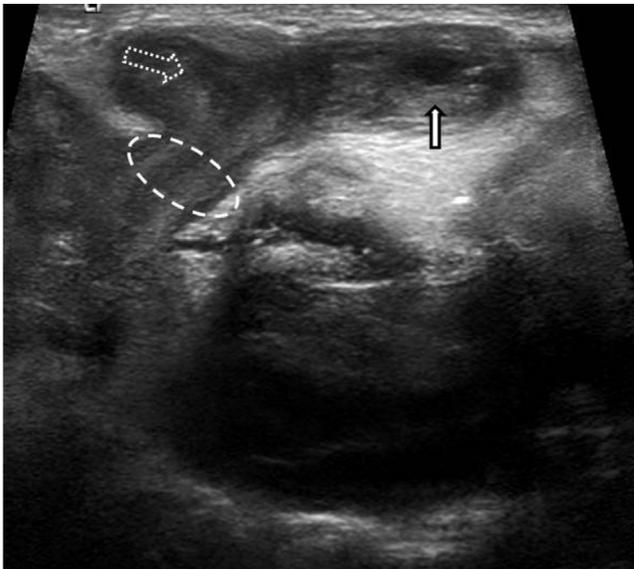
by the 8th month of pregnancy. Up to 20% of hernias can contain the ovaries or even the fallopian tubes.<sup>3</sup> The presence of the uterus inside the hernia sac (“hernia uterus inguinale”) with the uterine adnexa is an exceptional condition in infants.<sup>3</sup> In these cases, the spontaneous reduction is less frequent, and the risk of incarceration is higher than in others. There is controversy about both the timing to perform the surgery and what surgical technique to use. Some authors defend deferred surgery if there is no

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**Figure 2** Inguinal hernia (circle) with left ovary and fallopian tube (white arrow) and part of the body and uterine fundus (spotted arrow).

vascular compromise; whereas others, recommend urgent surgery regardless of the status.<sup>3</sup> Given that there was no vascular compromise, we decided to defer surgery with the approval of the Hospital Ethics Committee and had a satisfactory outcome. The PIRS technique allows a better

view of the pelvic organs and enables safe closure of the internal ring ensuring that both the uterus and the adnexa are correctly placed in the peritoneal cavity. Also, it is very beneficial to explore the contralateral inguinal canal and close it if necessary.

### Conflicts of interest

The authors have no conflicts of interest relevant to this article.

### References

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### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.pedneo.2019.01.007>.