



Ureter herniation in urgent inguinoscrotal hernia repair: An uncommon situation

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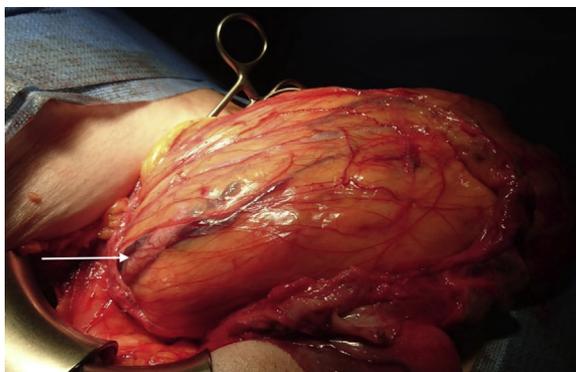


Fig 1. Ureter in hernia sac (arrow).

Background

Ureteral herniation is a rare presentation in inguinal hernias, often underdiagnosed because of its asymptomatic course. Therefore, ureteral herniation can represent a trap for the surgeon who encounters one in a large fatty hernia.

Case Report

An 83-year-old man with groin pain related to a long history of inguinoscrotal hernia was admitted at the emergency department. A computed tomography scan was performed during which a



Fig 2. Computed tomography image of kidney (star) and ureter herniation (arrow).

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large inguinal hernia was discovered, containing fat and a looping ureter, causing hydroureteronephrosis and a pelvic left kidney. The patient had no peritoneal sac. We carried out an open inguinal hernia mesh repair, identifying a slightly dilated ureter and retroperitoneal fat.

Discussion

Ureter herniation is a rare phenomenon. In 80% of the cases (paraperitoneal type) a peritoneal sac is also present.

Our case corresponds to the remaining 20% (extraperitoneal type) in which the ureter is only surrounded by peritoneal fat (Fig 1). The few cases described in the literature are often related to kidney transplant because of the pelvic location of the graft. Except for the groin pain, ureter herniations are generally asymptomatic unless a ureteral outlet obstruction develops (Fig 2). Treatment is based on surgical

hernia repair with mesh and simple reduction of the ureter into the abdomen.

In conclusion, ureteral herniation is believed to be rare but must be suspected in patients with large fatty inguinal hernias, especially in those with a known pelvic kidney. A careful mesh repair with a simple reduction, refraining from fat excision, should be performed to avoid iatrogenic damage.