Case Report

Case of Left Inguinal Hernia with an Unknown Syndrome

Gaurav Wadhawan[1], Dhawal Sharma[2], Ravdeep Singh[3]

Ovaries and Fallopian Tubes are rarely found as content of indirect Inguinal Hernia even though Inguinal Hernia is a common entity encountered in surgeons daily practice. We report a case of 13 year old female presented with Left Indirect Irreducible Inguinal Hernia with Fallopian Tube and Ovary as a content along with some rare findings of unilateral renal agenesis along with C7 Bifida vertebrae.

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Key words **: Gonadal Hernia, Fallopian Tubes and Ovaries, MRKH.**

Herniation of abdominal content or omentum or fatty tissue through the inguinal canal is defined as Inguinal Hernia. These Hernias account for 75% of all abdominal wall Hernia[1]. Inguinal Hernias have a nature to surprise with its unexpected contents. The content of the Hernia sac may vary and nearly all the abdominal organs have been found within hernia sac[2]. Whereas unusual hernial content sometime creates dilemma for the Surgeon. Although a rare cases of Ovary as a content of Hernia has been reported earlier and its incidence is very low <3 %[3]. We report such a rare case of Ovary and Fallopian Tube as a content of hernial sac.

Case Report

A 13-year-old female presented to Department of Surgery with 6 year old history of swelling in left inguinal region. Swelling was about 2*3 cm and was oval in shape and irreducible. After examination provisional diagnosis of left sided irreducible Hernia was made that was further confirmed with USG and CT scan. There was additional finding of absence of Left Kidney and C7 Bifida vertebrae. Patient was taken for Surgery after routine investigations and Left Inguinal Hernioplasty was done (Figs 1-4).

Discussion

There was very low incidence of genital organ as a hernial content seen in one of the largest study done by Guer, *et al*[3] which was retrospective study done among 1950 cases out of which Ovary and Fallopian Tube counted for only 2.9% of rare contents of hernia sac, where as only Fallopian Tube account for 0.41%.

Ozkan, *et al* have suggested that weakness of the broad ligament and ovarian suspensory ligament may be a cause of herniation, which may be aggravated when abdominal pressure is increased[4]. Ozbey, *et al* on the other hand has said that due to modified presentation of round ligament in a processus vaginalis, Ovary in a hernia sac may be a descended Gonad[5]. Genetic or developmental abnormality has been found to be frequently associated with Ovarian Inguinal Hernia[6]. MRKH Type 1 Syndrome is defined as aplasia of uterus and vagina where primary amenorrhoea is the initial symptom while MRKH Type 2 Syndrome is characterised by the symptoms of MRKH Type 1 along with other associated anomalies like renal dysplasia and cervical somite anomalies[7]. Our patient lacked the anomalies of genitilia but she had the other two that is unilateral (left) renal agenesis with C7 Bifida vertebrae.

Editor's Comment :

- We encounter many INGUINAL HERNIAS in our daily practice with different sac contents. That comes under different syndromes. But it is rare to find fallopian tubes and ovaries as content of sac in inguinal hernia with some rare findings of unilateral renal agenesis along with C7 Bifida vertebrae that still does not fit under any syndrome. Always be in a hunt of something unique and different and don't get satisfied with what has been established

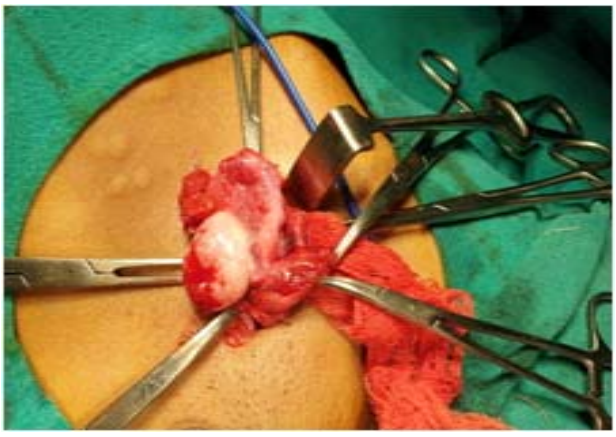

Fig 1 — Intra-operative findings- Hernial sac containing Fallopian Tube and Ovary

Department of General Surgery, Pacfic Medical College and Hospital, Udaipur, Rajasthan 313001
[1]MS (General Surgery), Professor and Corresponding Author
[2]MS, Assistant Professor
[3]MBBS, Postgraduate Resident

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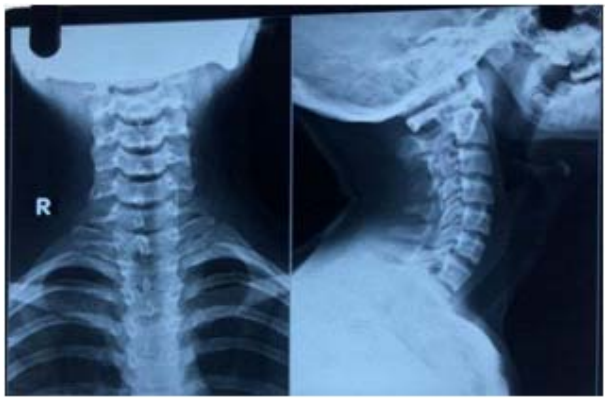

Fig 2 — X ray showing C7 Bifid vertebra

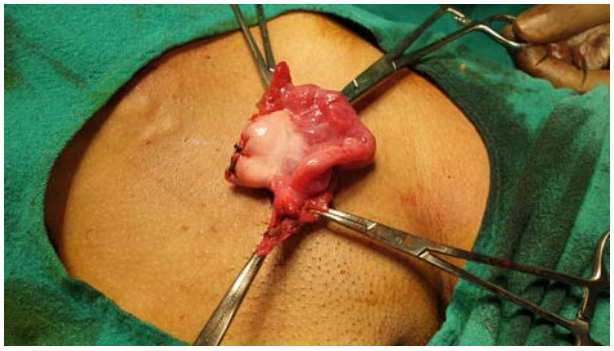

Fig 3 — Intra-operative demonstrating Ovary and Fallopian Tube as content

Conclusion

The unusual and rare finding of Ovaries and Fallopian Tubes as a hernial content seen with additional finding of C7 Bifida vertebrae along with unilateral renal agenesis without any uterine and vaginal anomalies. This combination of disease does not accomplish to fit under any syndrome which makes the uniqueness and rareness of our case.

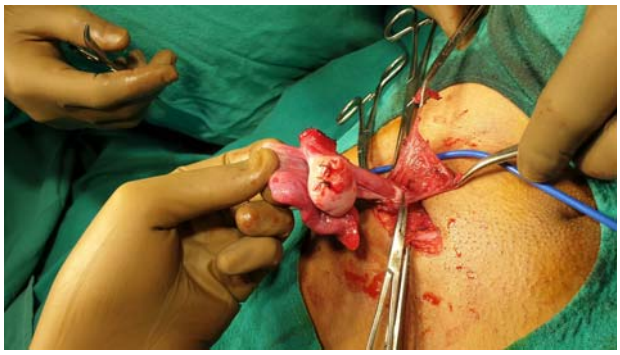

Fig 4 — Intra-operative showing Dissection of sac

Conflict of interest : None
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