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ABNORMAL CONTENTS OF FEMALE INGUINAL HERNIA OF AN INFANT

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Background: The presence of all the gynecological organs in one side of female inguinal hernia is very rare. Such findings in published papers are very few. The diagnosis of such cases needs a high suspicion and is not necessary to do ultrasound or CT scan unless there is a debate of the nature of the contents.

Case report: Here in, we present a three months old female infant presented with irreducible left inguinal hernia. The patient has history of reducible left inguinal hernia since birth. The content was a reducible ovary. She was given appointment for surgery but one week before surgery; appointment presented with one day history of large left groin swelling, irreducible that suggested that the contents are gynecological organs. Decision was taken for surgical exploration without doing a pre-operative ultrasound or CT scan. We explained to the parents, the possibility of finding torsion of an organ of the contents which may necessitate its removal and the consent was taken. Operative findings were the uterus, the two fallopian tubes and its two corresponding ovaries were herniated out in the sac. Left ovary and tube were sliding. They were in an inflamed condition with deep yellow serous fluid in the sac. The ovaries were multi-cystic (multiple small cysts in both ovaries). All organs were reduced to the abdominal cavity in specific sequences after widening of the internal ring with a lateral incision. High closure and excision of the hernia sac was done. Then repair of the defect was done and followed up for six months. Ultrasound showed normal female organs in normal position.

Discussion: Although this case appears simple but it has many challenges or difficulties which should be considered in dealing with it. The first challenge was in proper time of diagnosis to avoid torsion of one or both ovaries or even the uterus. The other challenge is in dealing with the contents pre-operative; don't try to aggressively reduce the contents to avoid injury or torsion to these important organs. The third challenge is inter-operative as the contents are large and inflamed, while the neck of the hernia is narrow, so it needs a special technique and maneuver to reduce them in safely.

Conclusion: We prove that good clinical evaluation can be enough and no need for ultrasonography or CT scan to reach a diagnosis or to take a decision for surgery in case of irreducible female inguinal hernia. This condition is very rare which needs good clinical expectation and gentle manipulation in reducing the contents inter-operative. We advise to use the sequence we used to reduce the herniated contents into the abdominal cavity following the role saying; last organ came out is the first organ to go in. We expect that the left ovary (ipsilateral ovary) came out first then the uterus which pulls the right ovary up. So the last content herniates is the contra-lateral ovary, hence has to be the first to go in. Also don't hesitate to widen the internal ring to avoid hard manipulation on reduction and the consequent organ injury.

Biography

Dr Hamid Qoura, is Graduated from Kasr El-Aini medical school, (Faculty of medicine Cairo University) 1983. Finished his Master degree from the same college. Had MRCS from Ireland and FEBPS from Glasgow. Had a diploma in laparoscopic surgery from Strasbourg, France. He is working at present as a consultant and HOD of Pediatric Surgery in Nizwa Hospital, Oman. He published more than 10 papers in reputed Journals. Has special interest in laparoscopic surgery. He is the first one did real single port laparoscopic umbilical hernia, epigastric hernia and divarication of recti repair. And can do throus the same port inguinal hernias of the same patient.

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