



# Indirect Inguinal Hernia of the Urinary Bladder

Wade Hopper<sup>1\*</sup>; Matthew Forte<sup>2</sup>

<sup>1</sup>Department of Surgery, Edward Via College of Osteopathic Medicine, Spartanburg, SC, USA.

<sup>2</sup>Regional Medical Center, Orangeburg, SC, USA.

**\*Corresponding Author(s): Wade Hopper**

Department of Surgery, Edward Via College of Osteopathic  
Medicine, Spartanburg, SC, USA.

Email: whopper@vcom.edu & wah51@case.edu

Received: Feb 04, 2022

Accepted: Feb 25, 2022

Published Online: Feb 28, 2022

Journal: Journal of Clinical Images

Publisher: MedDocs Publishers LLC

Online edition: <http://meddocsonline.org/>

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## Clinical image description

An 83-year-old man was diagnosed with stage IIIA follicular small-cleaved cell lymphoma in June 2021. Treatment with rituximab x 4 weekly was initiated. Routine CT scanning was obtained in August 2021 to determine response to treatment. A right-sided indirect inguinal hernia was encountered at this time, which had not been present upon prior examinations. The hernia sac was found to contain a significant anterior extension of the urinary bladder. An enlarged prostate was also observed measuring 6.2 cm transversely. The patient experienced no lower urinary tract symptoms at this time. Surgical repair of the hernia was deferred because the patient self-reported minimal discomfort and minimal functional restriction due to the hernia.

Computed tomography scans are shown in the axial (Figure 1) and sagittal (Figure 2) planes demonstrating the presence of the urinary bladder extruding through the hernia sac and outside the pelvis.

Inguinal herniation of the urinary bladder is a rare phenomenon occurring in less than 5% of inguinal hernias [1-4]. The presence of this condition may complicate the repair of inguinal hernias, as the urinary bladder may be accidentally cut if its presence in the hernia sac is unexpected [2]. Medical practitioners encountering inguinal hernias should understand the potential for the bladder to extrude into the hernia sac, and that this can occur in the absence of lower urinary tract symptoms.

**Cite this article:** Hopper W, Forte M. Indirect Inguinal Hernia of the Urinary Bladder. J Clin Images. 2022; 5(1): 1118.



This condition can be safely managed with either open or laparoscopic surgical repair [2,3].



Figure 1

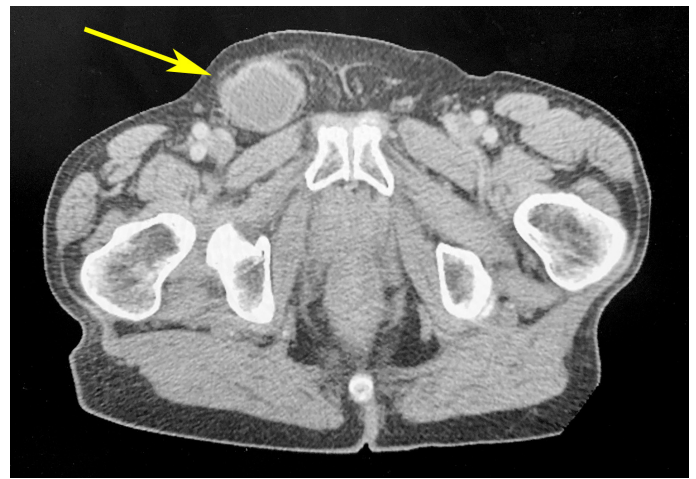


Figure 2

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