

Rarely Seen Scrotal Bladder Herniation: A Case Report

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ABSTRACT

Inguinal bladder herniation is a rare clinical entity constituting 1-3% of whole inguinal hernias. Any small portion of the bladder and diverticulum or most of the bladder can be herniated. In our case report, the patient was operated with elective surgery for scrotal hernia. During the exploration, herniated sac was opened and the bladder was identified with urine output aspirating content by an injector. Although a urologist was called due to advanced prostate enlargement of the patient, transurethral urinary catheter was not inserted. Foley catheter was placed into the bladder through suprapubic area. Bladder was reduced after emptying. Hernia defect was repaired with prolene mesh (Lichtenstein repairment).

Key words: Scrotal bladder herniation, foley catheter, prolene mesh, Lichtenstein repairment

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ÖZET

Nadir Rastlanan Skrotal Mesane Herniasyonu: Olgu Sunumu

Inguinal mesane herniasyonu, tüm inguinal hernilerin %1-3'ünü oluşturan nadir bir klinik durumdur. Mesanenin herhangi küçük bir bölümü, divertikülün küçük bir bölümü ya da mesanenin çoğu herniye olabilir. Bizim olgumuzda hasta skrotal herni nedenli elektif şartlarda ameliyata alındı. Eksploreyonda fasiya transversalisteki defekten herniye olan kese açılınca içindeki yapının mesane olduğu düşünülerek içeriği bir enjektörle aspire edildiğinde idrar gelmesi üzerine mesane olduğuna karar verildi. Hastada ileri derecede prostat irileşmesi olması nedeniyle ürolog çağrılmasına rağmen transüretal idrar sondası takılamadı. Foley sonda suprapubik bölgeden geçirilerek mesaneye yerleştirildi. Mesane boşaltıldıktan sonra redükte edildi. Herni defekti prolene mesh ile onarıldı (Lichtenstein onarımı).

Anahtar kelimeler: Skrotal mesane herniasyonu, foley kateter, prolene mesh, Lichtenstein onarımı

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INTRODUCTION

Scrotal cystocele, inguinal bladder herniation, is a rare clinic entity described first by Levine in 1951^[1]. Inguinal hernia containing the bladder is a rare condition seen between 1-4%. It has been emphasized that this rate increases with advancing age and increases up to 10% in patients aged 50 and over.^[2] Inguinal hernias are commonly diagnosed during surgery.^[3] Preoperative diagnosis of such cases is known to be difficult (less than 7%)^[3,4]. These patients usually don't show symptoms related to the bladder; however, dysuria, pollakisuria and nocturia can be seen in some patients^[4]. Despite advanced imaging methods, difficulty of diagnosis can result in unpredicted complications such as bladder perforation and ureter injury during hernia surgery^[5-7].

CASE REPORT

A 77-year-old male patient presented with massive scrotal hernia on the right side. The patient was electively operated. Exploration was performed with inguinal incision. An externally oblique fascia was opened. The funiculus spermaticus was suspended with difficulty and hernia sac was reached. The hernia sac was opened and it was seen that it had communicated with the retroperitoneum not the abdomen. The cystocele-like structure found in the hernia sac was considered as the bladder (Figure 1). Aspiration was performed by a 10 cc-injector and the bladder was identified due to urine output. A Foley catheter was tried to be inserted; however, it couldn't be inserted due to prostate hypertrophy. Afterwards, a silicon Foley catheter was inserted passing into suprapubic mini incision, and the bladder was drained (Figure 2). Thereafter, catheter was inflated with 5 cc saline. After the bladder returned to the retroperitoneum, hernia defect was repaired by Lichtenstein method using prolene mesh. The patient was dis-



Figure 1. The appearance of bladder found in the hernia sac.



Figure 2. The insertion of silicon foley catheter into the bladder.

charged from hospital on the third postoperative day with some essential recommendations.

DISCUSSION

Bladder herniation is commonly asymptomatic for urinary system, appearing as right-sided direct hernia. Small bladder hernias are usually asymptomatic. However, in bigger bladder herniations, there are growing and shortening swells on the groin or scrotum as well as lower urinary system disorders including urgency, pollakisuria and nocturia. Moreover, bigger herniations can cause bladder outlet obstruction and secondary infections^[4]. In our case, scrotal bladder herniation was on the right side and most of the bladder was herniated. In addition, the patient had symptoms of nocturia, dysuria and pollakisuria.

In bigger bladder herniations, two-phased drainage is performed: a portion of the bladder is drained by natural micturition, and then, residue urine is emptied by manual compression^[8]. In our case, the patient stated that he would stay in the toilet for a prolonged duration and micturate only when he compressed on the swelling by fingers. However, these complaints had been accidentally associated with the patient's excessive prostate hypertrophy. During surgery, although transurethral bladder catheter was tried to be inserted by a urologist, since it couldn't be inserted, suprapubic silicon Foley drainage catheter was placed.

Bladder outlet obstruction, chronic bladder tension, decreased bladder tone, obesity, advanced age

and weakening of supportive structures into pelvis can play a role in the physiopathology of bladder herniation^[4,8,9]. Our 77-year-old patient was obese and had an advanced prostate hypertrophy. Furthermore, he had been treated for chronic obstructive pulmonary disease (COPD) for a long time. All these reasons may have precipitated bladder herniation.

If bladder outlet obstruction symptoms are established in a patient, hernia repairment following bladder catheterization and bladder drainage should be performed^[10]. In our case, scrotal bladder herniation could be diagnosed during surgery.

Although rarely experienced, bladder herniation should be considered in bigger scrotal hernias and when lower urinary system symptoms are seen, and the patient should be taken to surgery with Foley catheter. Thus, final diagnosis can be established at the beginning of surgery, and possible complications can be prevented if any bladder herniation is present.

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