

3rd International Conference on Surgery and Anesthesia

November 17-19, 2014 Chicago, USA

Inguinal hernia: Always a benign condition?

Samantha Low, Doctor D S Z M and Suliman I G I

Barking Havering and Redbridge University Hospitals NHS Trust, UK

Introduction: Inguinal herniae are common surgical presentations. Clinicians routinely consider symptoms relating to strangulation and obstruction but not the possibility of associated malignancy. We present an uncommon case of an inguinal hernia incidentally found to contain bladder, leading to a diagnosis of metastatic prostate and colonic carcinoma. We argue that awareness of inguinal herniae containing bladder and the associated increased risk is paramount to early detection of asymptomatic malignancies.

Case: A 74 year old man presented to the Emergency Department with pleuritic chest pain and hip pain. Computed tomography pulmonary angiogram (CTPA) revealed bilateral consolidations. Following that, a pelvic radiograph revealed residual contrast in the bladder which had herniated into his right inguinoscrotal region. On retrospective questioning, he gave a two year history of intermittent groin swelling, lower urinary tract symptoms and having to manually compress his scrotum for complete bladder emptying (2-stage). CT revealed a bladder hernia, sclerotic bony metastases and a caecal tumour. Subsequently, he underwent hormonal therapy for metastatic prostate cancer and a right hemicolectomy.

Discussion: Up to 4% of inguinal herniae contain bladder. Of these, there is a significantly increased risk of urological malignancies (11.2%). However, patients presenting with inguinal hernias are often not asked about associated urological symptoms. Using this case, we highlight the importance of doing so. If urological symptoms are present, we then argue that there should be a strong suspicion of a bladder hernia and further imaging done to exclude associated malignancy.

Biography

Samantha Low graduated with first class honours in biomedical materials engineering before embarking on a fast track medicine course, graduating with distinctions in clinical medicine and science in 2011. She started out as a surgical resident and completed her surgical membership exam before deciding to switch careers. She is currently a year 1 radiology resident and is keen to expand her research portfolio with a PhD in the near future.

samanthalowbl@gmail.com