



Rare Case of Left Inguinal Hernia in a Female

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ABSTRACT

Inguinal hernia is the most common type of hernia. We present one such case of left inguinal hernia in a female patient aged 50 years with sac contents to be rudimentary uterus and ovaries as contents in a female of mrkh type ii syndrome.

INTRODUCTION

Inguinal canal – an oblique passage in lower part of abdominal wall, 4 cm long, situated above the medial ½ of inguinal ligament extending from DIR to SIR. Contents of inguinal canal in a female are round ligament and ilioinguinal nerve.

CASE HISTORY

Patient is a 50 year old female came with history of swelling in the left groin area with a dragging type of pain since last 2 years increased since last 2 days. The swelling was appreciable on coughing and was partially irreducible and localised tenderness. Patient gave h/o hypothyroid on medication with no other co-morbidities. per rectal examination was normal. Routine investigations were normal. USG s/o decreased blood flow with hernial defect. Patient underwent emergency left inguinal hernia exploration. intra operative there was an agenic tissue as contents of sac with haematoma collection seen and drained. The sac was excised and placed back into the peritoneal cavity with closure done as per rule. Histopatho-

logy report was suggestive of a rudimentary uterus and ovary as contents of the sac.

DISCUSSION

The presence of uterus and ovaries in the inguinal hernia sac is rare. although it is an unusual. MRKH consists of vaginal aplasia with other mullerian duct abnormalities. This was a case of a 45 year old female married with primary infertility with irreducible inguinal hernia containing uterus and ovaries which were obstructed previously diagnosed as a case of MRKH syndrome type ii. Ideally a MRI scan is performed. Hence routine USG of the hernial sac contents should be done to diagnose the contents of the sac to give prompt surgical treatment. Management is preserving the contents of hernia sac and reposition of the contents into the body and repair the defect but since in this case uterus was already atrophied, decision of removal of the contents of the sac was taken.

CONCLUSION

Female inguinal hernia are quite rare in general practice, but in every case of inguinal hernia it is mandatory to do a routine usg of the inguinal area to identify the contents of the sac to rule out such rare contents of sac before proceeding with surgery

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