Complete Bladder and Bilateral Ureter Herniation Through an Indirect Inguinal Hernia

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A 70-year-old man was incidentally found to have significant kidney injury (creatinine 3.2 mg/dL, eGFR 19 mL/min/1.73 m^2) and an enlarged erythematous tender scrotum. Computerized tomography of the abdomen and pelvis revealed a large right indirect inguinal hernia containing the bladder, bilateral distal ureters, and prostate with evidence of bladder outlet obstruction, distal ureter compression, and severe bilateral hydroureteronephrosis (Figs. 1 and 2). The patient underwent catheterisation, bilateral nephrostomy tube placements, and antegrade ureteric stent placement whilst awaiting and then proceeding to a successful open mesh inguinal hernia repair. The nephrostomies were removed on the ward and ureteric stents were removed as an out-patient once renal function had stabilised (creatinine 2.49 mg/dL, eGFR 25 mL/min/1.73 m^2).

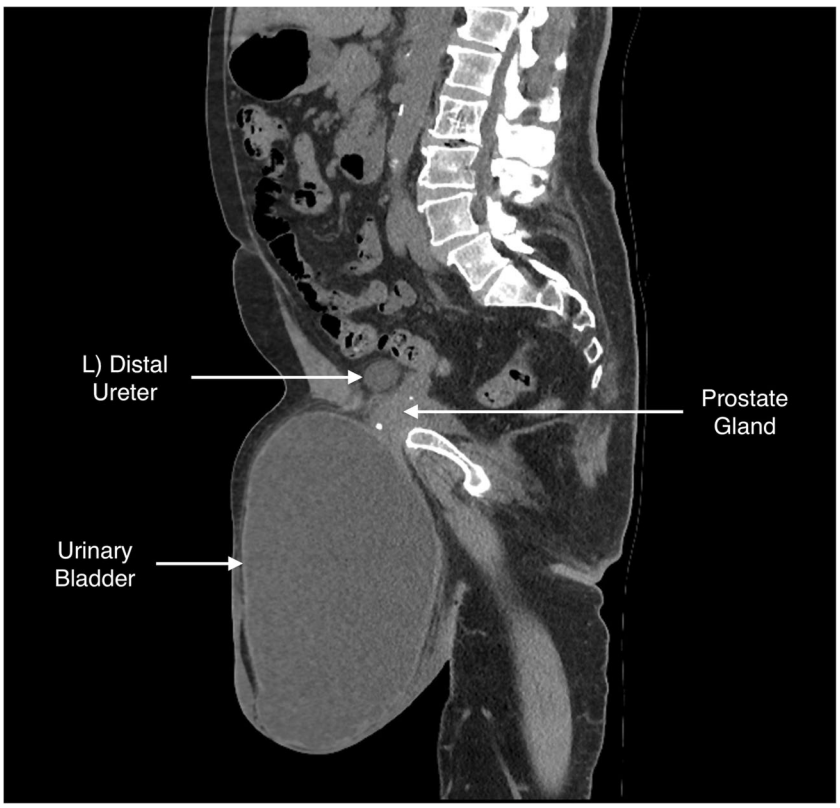

Figure 1 CT sagittal image illustrating herniation of the urinary bladder, with the prostate gland contained at the level of the hernia neck.

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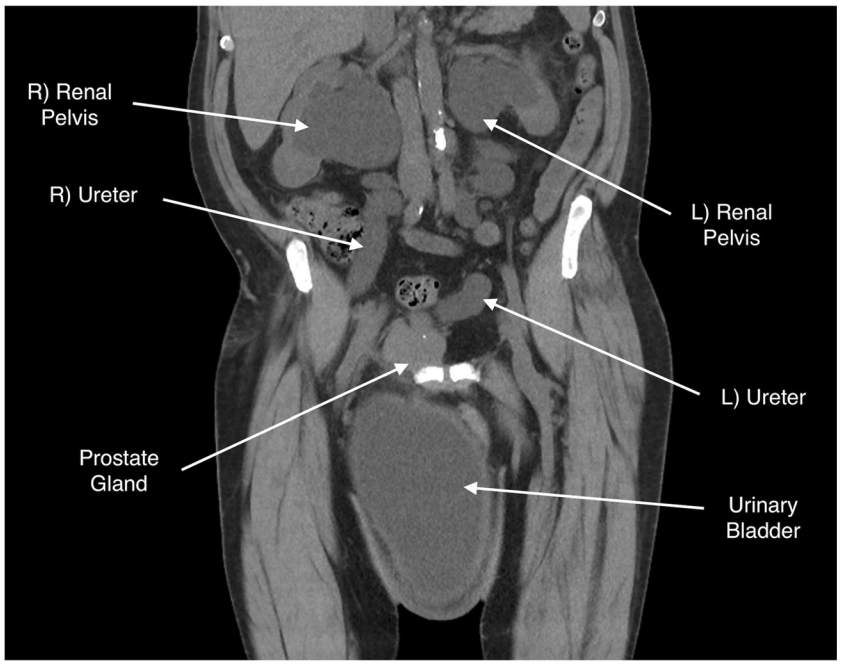

Figure 2 CT coronal image demonstrating herniation of the urinary bladder, with associated bilateral severe hydroureteronephrosis.

The bladder is reported to be involved in 1–4% of all inguinal hernias[1] but complete bladder and ureter herniation remains a rare occurrence that can lead to renal failure.[2] Most cases are asymptomatic and are diagnosed at the time of hernia repair;[2] however, massive inguinal scrotal hernias may present with scrotal swelling, difficulty in urination, and the requirement to manually compress the hernia to complete micturition.[1] Surgery is the mainstay of treatment but cases can be challenging due to lack of a standardised approach to surgical management.[3]

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