Massive hernia of the bladder is a relatively rare situation. Generally, it is an incidental finding during surgery for inguinal hernia. Over the last years, with the more frequent use of CT scan, they are incidentally discovered. We report the case of a male patient with right bladder inguinal-scrotal hernia associated with a pelvic kidney. 82 year old man with history of transurethral resection of the prostate and colon neoplasia with the incidental diagnosis of a low attenuation mass in the right hemiscrotum which continues through the inguinal channel up joining the right anterior lateral side of the bladder, and a left pelvic kidney.

FIGURE 1. CT scan coronal reconstruction. Pelvic kidney and bladder hernia.

“INGUINAL-SCROTAL BLADDER HERNIA ASSOCIATED WITH PELVIC KIDNEY”

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Intestinal loops were not identified in the hernia sac. The diagnosis was moderate-size inguinal scrotal bladder hernia associated with pelvic kidney.

Bladder inguinal scrotal hernias of this size are a relatively rare pathology. Loss of tone of support tissues and bladder are etiologic factors. Favoring factors include lower urinary tract obstruction due to prostatic pathology and obesity. Our case is not usual due to the association of pelvic kidney. CT scan is a useful method to perform a preoperative evaluation and to evaluate some complications such as hydronephrosis, nephrolithiasis and strangulation.

It is important to establish the diagnosis because accidental discovering during herniorrhaphy may lead to an intraoperative lesion of the bladder.

FIGURE 2. CT scan axial section. Right deviation of the anterior lateral wall of the bladder, in which a slight mural enlargement is shown.

FIGURE 3. Low attenuation mass localized in the right scrotal sac.

REFERENCES AND RECOMMENDED READINGS