

# Recurrent Groin Hernia Containing Ovary and Fallopian Tube

Aaron B. Pollock M.D., James McRee B.S., Richard Tanner M.D. Vicente Mejia M.D.  
University of Tennessee College of Medicine Chattanooga, Department of Surgery

## Background

- Femoral hernias make up 2-8% of all groin hernias
- Occasionally the appendix, bladder, ovary, and/or fallopian tube becomes incarcerated; most commonly contains fat
- Rarely contains the fallopian tube 2.9%
- Hernias sac containing adnexal structures concern for possible malignancy in older populations
- Typical presenting features:
  - High female incidence
  - Unilateral groin bulge
  - High risk of strangulation secondary to small defect compared to other groin hernias
- Operative exploration required

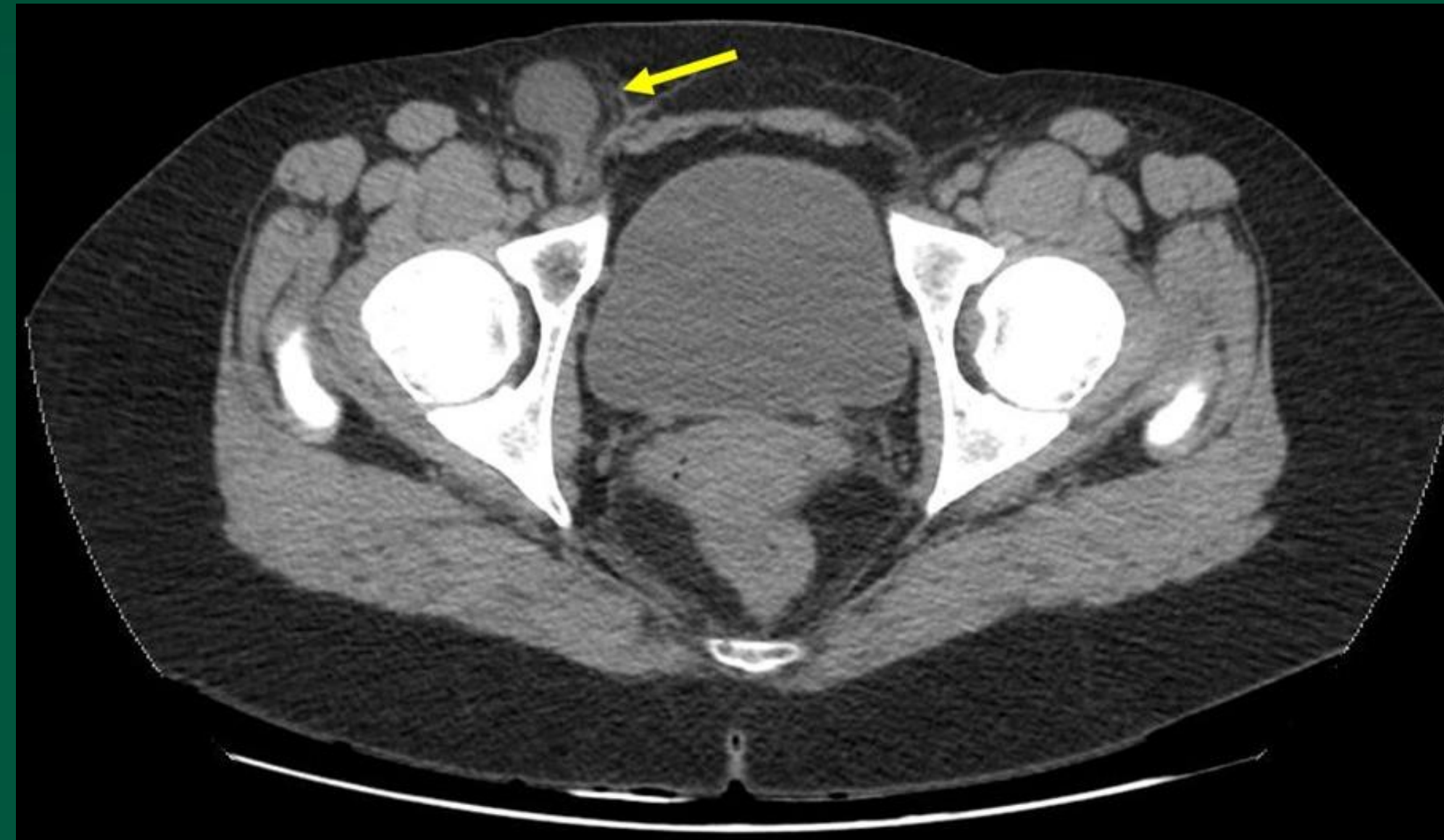


Figure 1: Axial CT showing right femoral hernia

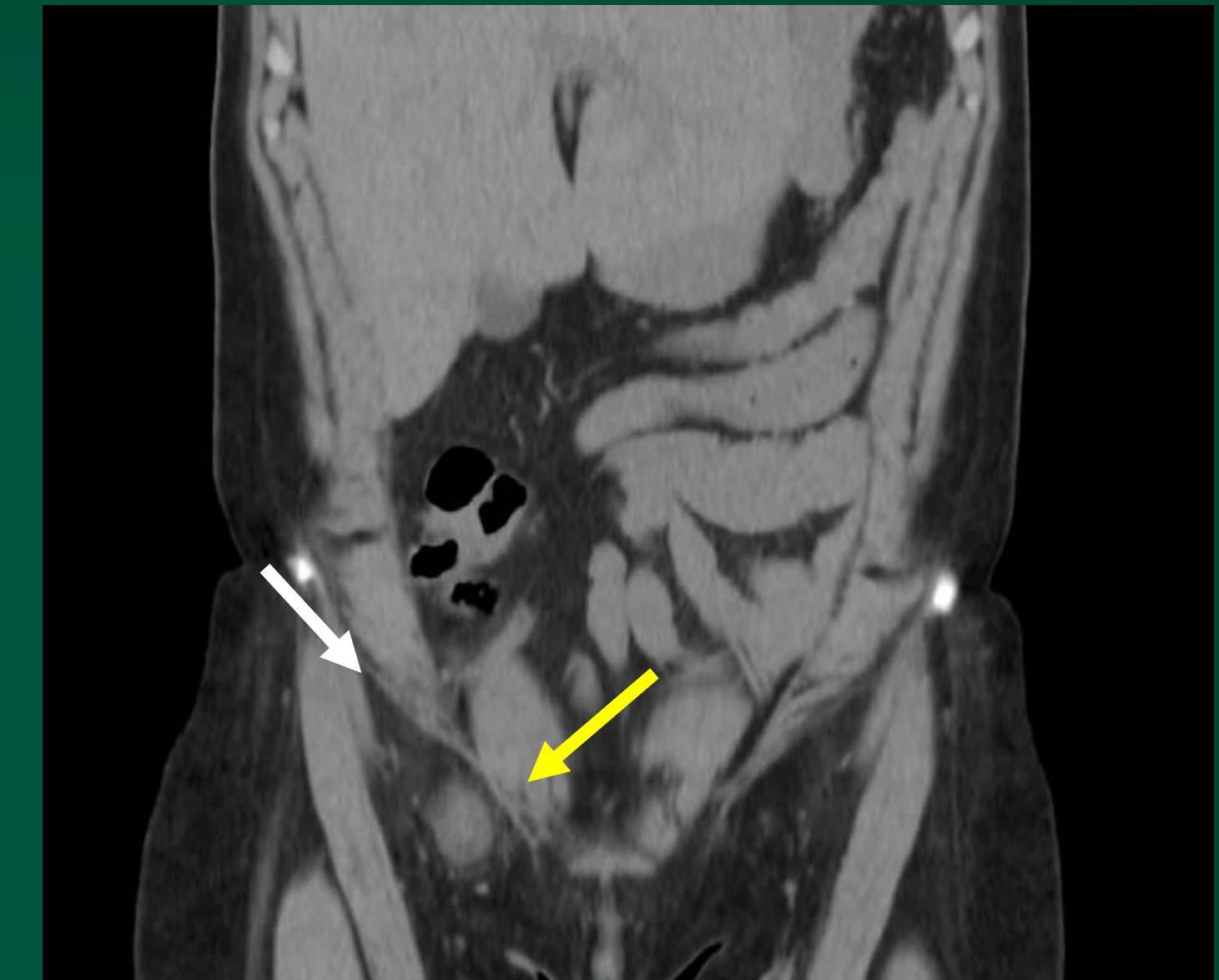


Figure 2: Coronal CT showing right femoral hernia (yellow arrow) and inguinal ligament (white arrow)

## Case Report

- A 46-year-old female with symptoms of right groin pain and constipation
- Past medical history of right inguinal hernia with mesh
- Objective:
  - A palpable mass inferior to the right inguinal ligament
  - Viscera-containing hernia sac within the femoral canal was found on CT (Figure 1)
  - Moderate leukocytosis >13,000
  - Lactate within normal limits
- Patient taken to the operating room for exploration

## Outcome

- Incision inferior to previous open inguinal repair site
- Well vascularized right ovary and right fallopian tube
- Contents easily reduced
- Primary repair by reapproximating Cooper's ligament to the conjoined tendon using previous mesh as buttress
- Patient discharged post-operatively on day of admission
- Four-week post-op patient reports complete recovery and return to physical activity
- Pathology of hernia sac negative for malignancy

## Conclusion

This case is one of the few reported cases of a femoral hernia containing an ovary and fallopian tube. Prompt operative management with primary repair resulted in preservation of her adnexal structures without recurrence.

## References

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