

Laparoscopic Repair of an Incarcerated Left Ovary, Hemi Uterus & Salpinx Within an Inguinal Hernia

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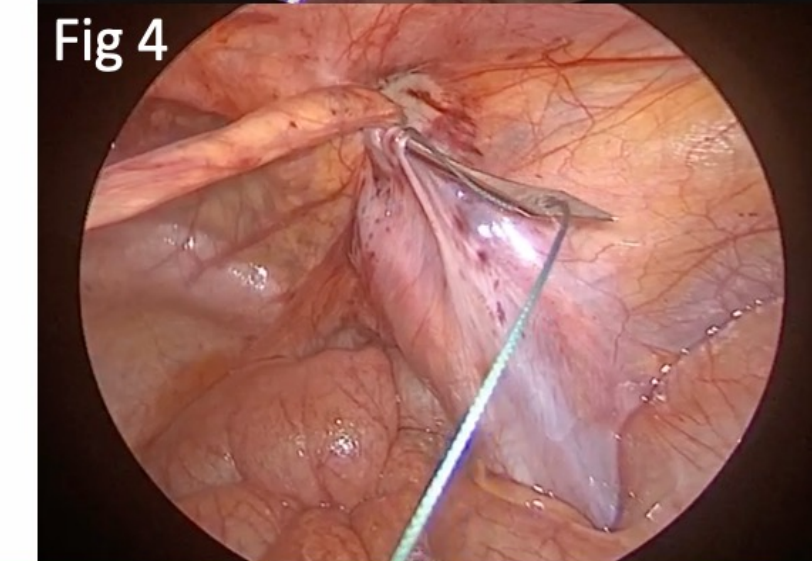
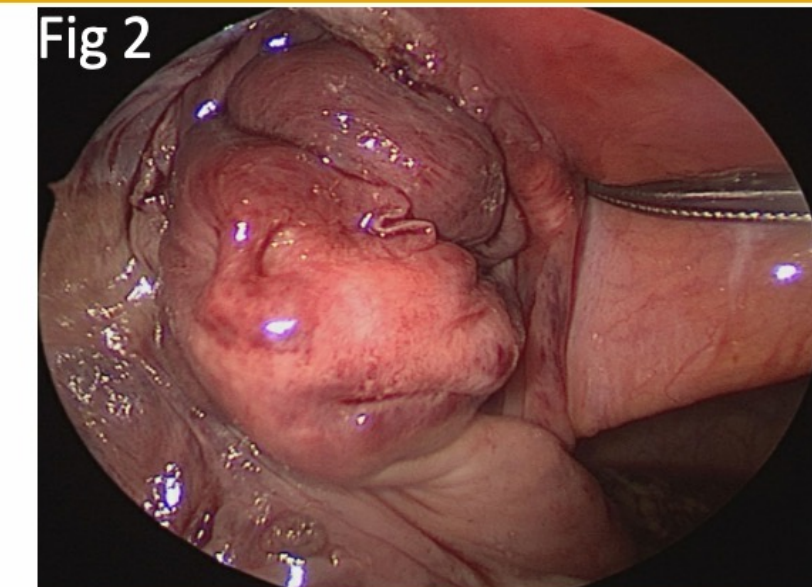
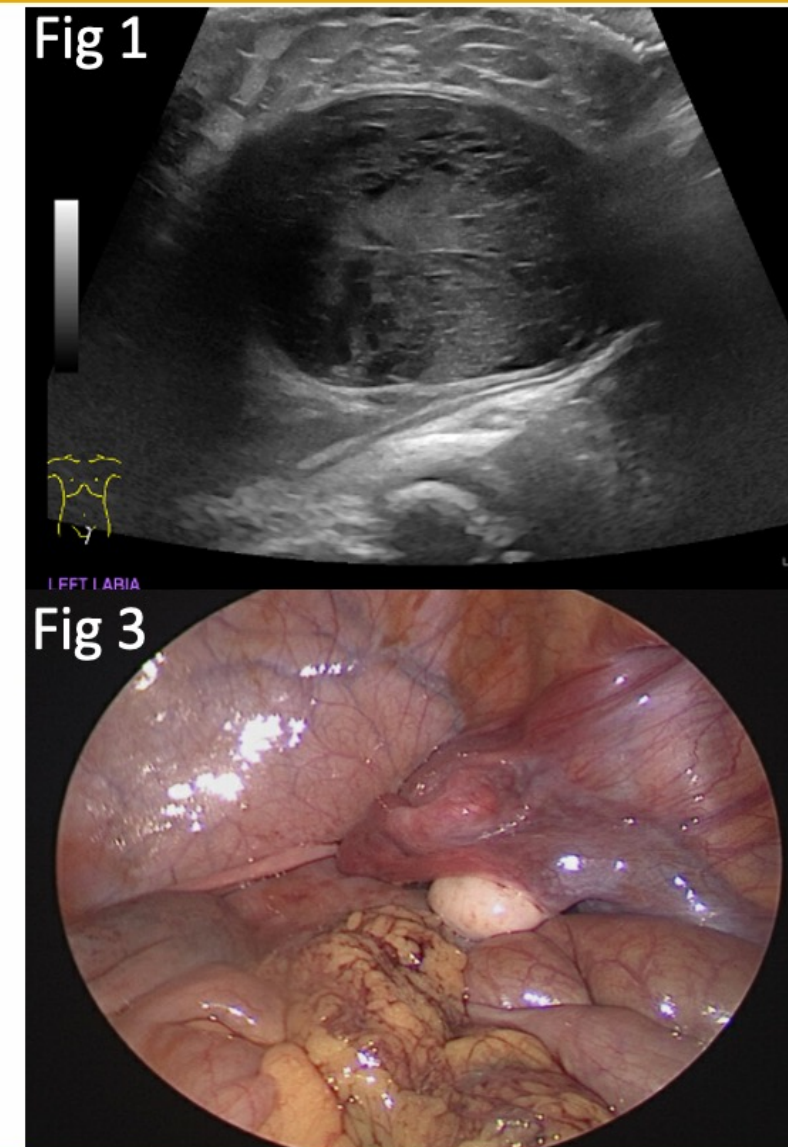
Introduction

- Inguinal hernia repair is among the most common operations performed in pediatric surgery.
- The fallopian tube and ovary are found as a sliding component in 15–20% of inguinal hernias
- Hernia uteri inguinale, or uterus-containing inguinal hernia is an extremely rare condition in which the uterus and uterine adnexa are found in the inguinal canal in female infants.
- We report a case of an extremely rare finding at the time of laparoscopic inguinal hernia repair in a preteen girl, highlighting the variable clinical presentation of this common condition and the laparoscopic approach to repair.

Case Presentation

- 12-year-old girl describing acute onset left labial pain and swelling for three days.
- Physical examination revealed a large, tender swelling to the left labia majora, measuring 5cm x 4cm x 3cm. The swelling was irreducible and without overlying skin changes.
- Ultrasound revealed the 4.5 x 3.0 x 3.5 cm left ovary torsed within the left inguinal hernia sac with minimal blood flow on doppler. (Figure 1)
- Intraoperative findings: incarcerated omentum, torsed left ovary and left hemi uterus (Figure 2)
- Further inspection of the pelvis revealed a right hemi uterus and adnexa (Figure 3)
- Gynecology consulted intraoperatively
- The contents of the left inguinal canal were reduced, and the left indirect inguinal hernia repaired via laparoscopic percutaneous suturing of the internal ring. (Figure 4)

Case Presentation



Conclusion

- The laparoscopic approach provides superior visualization of the entire pelvis, including the contralateral groin, which presents the opportunity to repair a metachronous hernia at the same operation without another incision.
- When confronted with rare anatomic abnormalities, a multidisciplinary approach to evaluation and treatment offers the opportunity for collaborative learning and improved patient outcomes.