

# Inguinoscrotal Bladder Hernia

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## BRIEF HISTORY

A 68-year-old male patient was admitted to the urology service with lower urinary tract symptoms (nocturia, urgency, decreased urine stream, post-void bladder fullness). He needed manual pressure on the left inguinoscrotal region in order to complete bladder emptying and to improve urinary flow. He denied any morbid diseases. Physical examination showed the existence of a 50g prostate with fibro-elastic consistency, without nodules, and an inguinal hernia on the left side.

An ultrasound examination of the bladder and urinary tract showed smooth scrotal wall, hernia in the left bladder wall, presence of fluid in the proximal region of the left scrotal sac with no septations and normal ipsilateral testis. The patient was further assessed by voiding cystourethrogram (VCUG), which showed an elongated, straightened prostatic urethra and a bladder hernia protruding into the left side of the scrotum (Fig. 1). A CT scan performed with contrast detected fluid collection in the left

scrotal region in continuity with the bladder through a hole in the inguinal canal medial (Fig. 2). Surgery was performed via classical left inguinitomy and uneventful Lichtenstein's repair. The patient was discharged home on the first postoperative day.

A free-flow uroflowmetry performed at the clinical follow-up (15th postoperative day) demonstrated the patient had satisfactory urine flow (Qmax by 11 ml/sec at a voided volume of 250 ml).

*Conflict of Interest:*  
None declared

*This article has been peer reviewed.*

*Article Submitted on:*  
25<sup>th</sup> April 2013

*Article Accepted on:* 12<sup>th</sup>  
October 2013

*Funding Sources:* None declared

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*Cite this article:* Junior MML, Ticianeli JG, Lima MM, Granja F. Inguinoscrotal bladder hernia. *J Pioneer Med Sci.* 2013; 4(1):7

**Figure 1:** Post-void urethrocytography, note bladder herniation in the left scrotum



**Figure 2:** Computed axial tomography scan of the pelvis showing left cystocele

