

## IMAGES IN PAEDIATRICS

## Newborn inguinal hernia containing uterus, ovary and Fallopian tube



### Hernia inguinal neonatal conteniendo útero, ovario y trompa de Falopio

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Received 21 May 2022; accepted 19 June 2022

Available online 20 February 2023

Indirect inguinal hernia is frequent in the paediatric population, being particularly prevalent in preterm infants<sup>1</sup>. In boys, it results from the persistence of the processus vaginalis, while in girls it results from the persistence of the canal of Nuck, an embryonic evagination of the parietal peritoneum that extends together with the round ligament through the inguinal canal until it reaches the labia majora. The most frequent content is intestinal loops, although in girls it may include, as in the case presented here, the ovary, the Fallopian tube and even the uterus<sup>2</sup>.

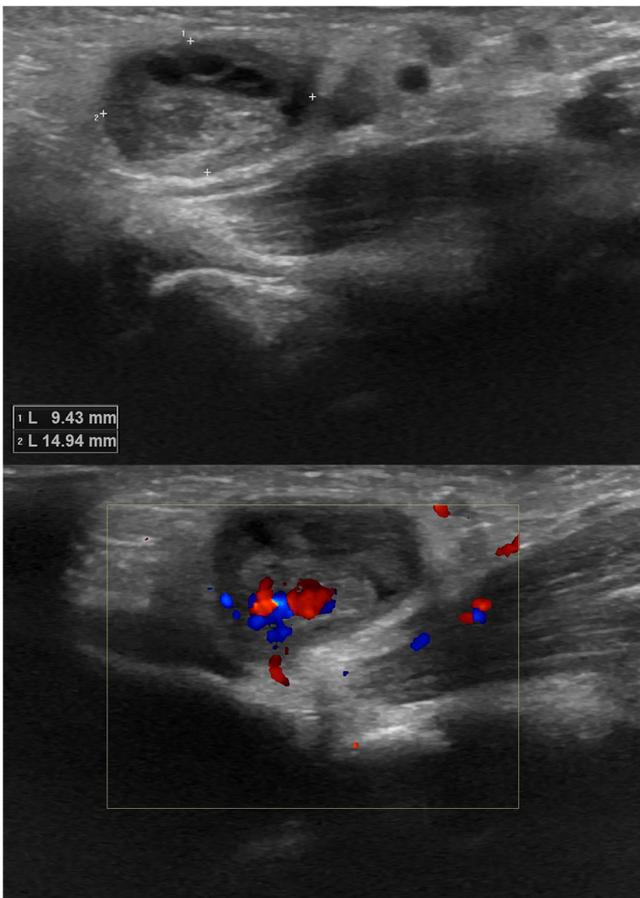
A 16-day-old newborn presented in our hospital with a mass in the left inguinal region of 48 hours of evolution. The patient was asymptomatic. Physical examination revealed the presence of an irreducible hernia in the left

inguinal region with no associated cutaneous inflammation. An ultrasound scan evinced the presence of the ovary in the hernia, without vascular involvement (Fig. 1). An exploratory inguinoscopy was performed, confirming the existence of an indirect inguinal hernia. The hernia contained the ovary, ovarian ligament, Fallopian tube, fimbriae and uterus (Fig. 2). The contents were reduced to the abdominal cavity and an herniorrhaphy was performed. The patient evolved favourably in the postoperative period. She is currently asymptomatic and under follow-up.

When an inguinal hernia is surgically repaired in female patients, especially in newborns, it is important to consider that the hernia may contain an ovary. Although the presence of the uterus is extremely infrequent, with only

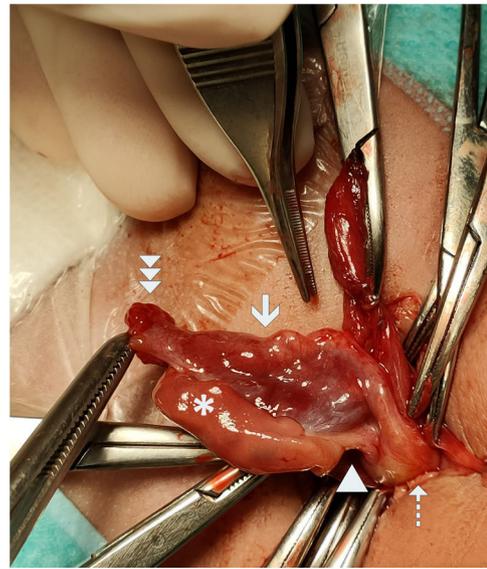
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**Figure 1** A. Inguinal ultrasound. A hypoechoic mass measuring  $9 \times 14$  mm with millimetric hypoechoic foci inside is identified within the hernial sac. B. Doppler ultrasound scan of the lesion which rules out vascular involvement.

73 cases reported in the literature to date<sup>3</sup>, it is a possibility that must also be taken into account. A careful and methodical surgical examination prevents iatrogenic injuries.



**Figure 2** Intraoperative photograph. The ovary (white asterisk), ovarian ligament (white arrow head), Fallopian tube (solid white arrow), fimbriae (triple arrowhead) and uterus (dotted white arrow) were contained in the hernial sac, which is referenced with haemostat forceps.

## References

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