

## An irreducible inguinal hernia in a girl

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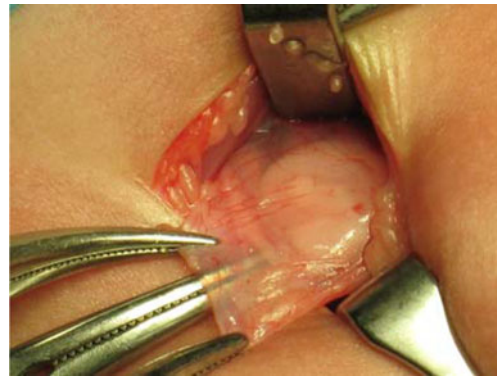
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A 5-week-old girl (born a terme) was referred to our hospital with an irreducible right inguinal mass. This had been present for 1 day. On examination, a non-reducible, mildly painful swelling was present in the right groin.

An ultrasound scan was performed to be informed about the content and to exclude other diagnoses (e.g. Nuck's cyst and lymphadenitis) and showed the uterus, both fallopian tubes and both ovaries contained in the sac. If an ovary is seen in the hernial sac, during ultrasonography, visualisation of the uterus should also be performed. Absence of a uterus should warrant further investigations, e.g. to exclude androgen insensitivity syndrome.

On exploration the following day, the uterus and one fallopian tube with the corresponding ovary was identified (see Fig. 1). The other fallopian tube and ovary had been reduced spontaneously. The patient recovered uneventfully after hernial sac resection.

The presence of an ovary in the hernial sac is reported to be 4–30% [1] in asymptomatic girls and up to 82–100% [1–3] in case of an incarcerated hernia. Strangulation of the ovary is present in 7–27% [1] of the patients with incarcerated inguinal hernia. If the inguinal hernia is symptomatic, an emergency operation should be performed.



**Fig. 1** Hernial sac presented with visible ovary

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