Clinical Images

Giant Inguinoscrotal Hernia

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An 80 year-old man presented to establish primary care. He had not seen a physician for 50 years and had no past medical history. He reported 2 years of urinary incontinence without dysuria. Examination showed a scaphoid abdomen and a 15×15 cm soft irregular non-tender groin mass (panel). The right scrotal skin was thickened, and bowel sounds were audible over the left scrotum. The patient urinated via an anterior opening (arrow), but his penis could not be visualized. A diagnosis of giant left-sided inguinoscrotal hernia was made. A giant inguinoscrotal hernia extends below the midpoint of the inner thigh with the patient standing.¹

The natural history is scrotal expansion as omentum enters, followed by small bowel, colon, and possibly other organs.² Complications include urinary retention, leakage, infection, skin maceration, hernia incarceration, and social isolation.¹ Contrast-enhanced computed tomography followed by open surgical repair is recommended for all giant hernias.² Surgical complications from abrupt reduction of sizeable hernia contents into the peritoneal cavity include diaphragmatic dysfunction, bowel obstruction, wound dehiscence, and abdominal compartment syndrome.^{1,3} Recurrence risk is elevated compared to typical inguinal hernias.¹ The patient declined imaging or surgical referral, as he was satisfied with his quality of life.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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