CLINICAL PRACTICE
Clinical Images

Prolapse of the Urinary Bladder into the Groin: a Case of Inguinal Bladder Hernia

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CASE PRESENTATION

A 77-year-old obese man presented with a 4-day history of scrotal enlargement following 2 weeks of frequent urination and dysuria. He had no fever. Physical examination revealed left scrotal swelling without tenderness. Computed tomography (CT) revealed a prolapsed urinary bladder into the scrotum (Fig. 1) and bilateral hydronephrosis (Fig. 2). He was diagnosed with inguinal bladder hernia (IBH). His symptoms improved after bladder catheterization.

IBH occurs in 1–3% of inguinal hernias.[1] Although most patients with IBH are asymptomatic; they can develop lower urinary tract symptoms including incontinence and dysuria.

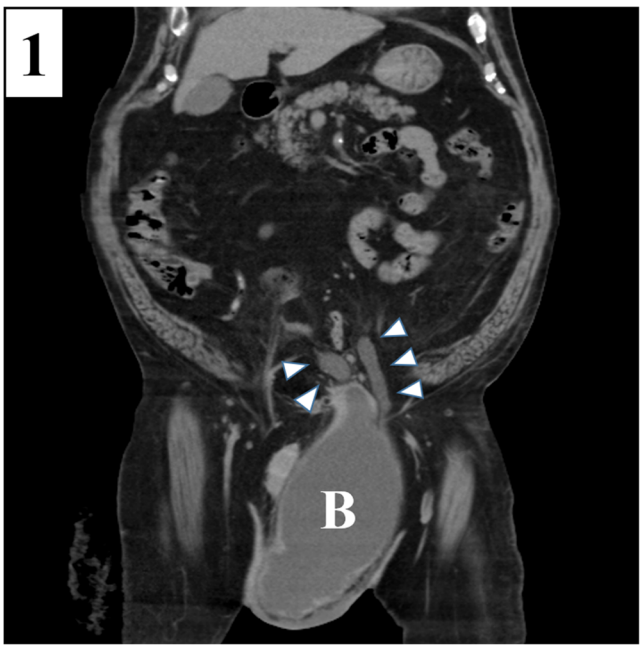

Figure 1 Computed tomography demonstrating a left inguinal hernia and prolapse of the bladder and bilateral ureters (arrowheads) into the scrotum. B, bladder.

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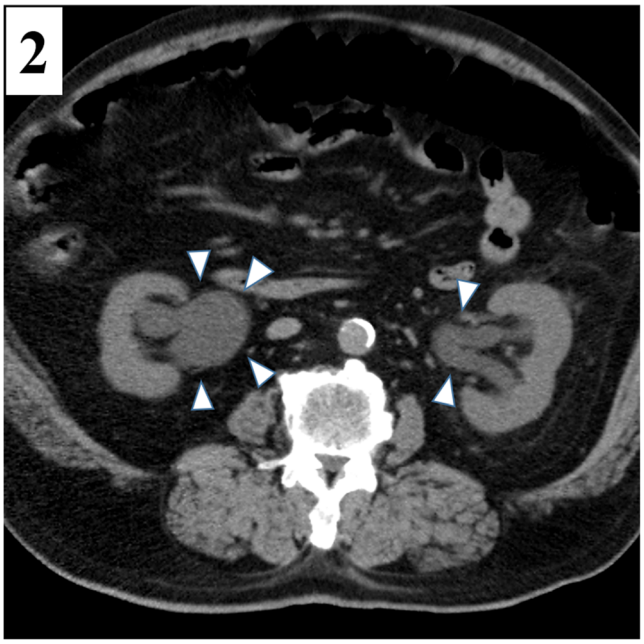

Figure 2 Axial computed tomography revealing bilateral hydronephrosis (arrowheads) at the kidney level.

Reduction in hernia size after urination is a characteristic sign of IBH.[1] Reduced bladder wall tension, obesity, and pelvic floor muscle weakness contribute to IBH pathogenesis.[2,3] The patient's obesity and profession (a baseball umpire) may have contributed to IBH development.

Delayed diagnosis of IBH can lead to necrosis at the hernia site, a complication which may require bladder resection.[2,4] IBH can be diagnosed by CT, ultrasound, retrograde cystography, or magnetic resonance imaging. When IBH is suspected, imaging should be performed to guide surgical intervention and avoid complications.

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Declarations:

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

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