Reducible inguinal mass with bladder herniation

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Type of Article: Image **Specialty:** Urology

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Case Description

A man in his 80s with a long-standing history of urinary frequency presented to the emergency department with abdominal pain and nausea. Physical examination revealed mild left flank tenderness without peritoneal signs and a soft, non-tender, manually reducible left inguinal mass with no overlying skin changes. Given the abdominal symptoms, non-contrast computed tomography (CT) was obtained to evaluate for hernia-related complications and other intra-abdominal pathology. CT demonstrated urinary bladder protrusion into the left inguinal canal. No CT findings suggestive of incarceration, marked bladder distension, hydronephrosis, or perivesical inflammatory changes were observed (Figure 1). Review of a CT scan performed one year earlier showed the same bladder herniation, supporting a chronic rather than an acute process. Mild left-sided colonic wall edema was present on the current CT, and the patient's abdominal symptoms improved after defecation. The bladder herniation was therefore considered less likely to be the primary cause of the abdominal symptoms. After consultation with the surgical team in the emergency department, the patient was managed conservatively because no acute complications requiring urgent intervention were identified. Urology was also informed of the finding, and outpatient urologic follow-up was continued.

Inguinal bladder hernia is an uncommon finding, reported in 1%–4% of inguinal hernias, occurring most often in older men. It may be asymptomatic, present as a reducible groin mass, or may be associated with lower urinary tract symptoms including frequency, dysuria, or incomplete emptying [1,2]. It may also present with abdominal symptoms when complicated by incarceration, urinary retention, or obstructive uropathy [1,3]; however, none of these findings were present in this patient. Inadvertent bladder injury during hernia repair has also been reported in cases in which bladder involvement was not recognized [1,2]. In the emergency department, CT is useful for confirming bladder involvement and assessing complications, including urinary tract obstruction, that may alter management [1,3].

Keywords:

Inguinal bladder hernia, computed tomography, urinary bladder, inguinal hernia, abdominal pain, lower urinary tract symptoms.

Use of AI

The authors used a generative artificial intelligence tool (ChatGPT, OpenAI) to assist with English language editing. All content was subsequently reviewed and revised.

List of abbreviations

CT computed tomography.

Conflicts of interest

The authors declare no potential conflicts of interest to disclose.

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Consent for publication

The patient provided written informed consent for publication of his case data and the accompanying images.

Ethical statements

Ethical approval is not required at our institution for anonymous case image reports.

What is already known

An inguinal bladder hernia is an uncommon form of inguinal hernia that occurs most often in older men and may be associated with lower urinary tract symptoms.

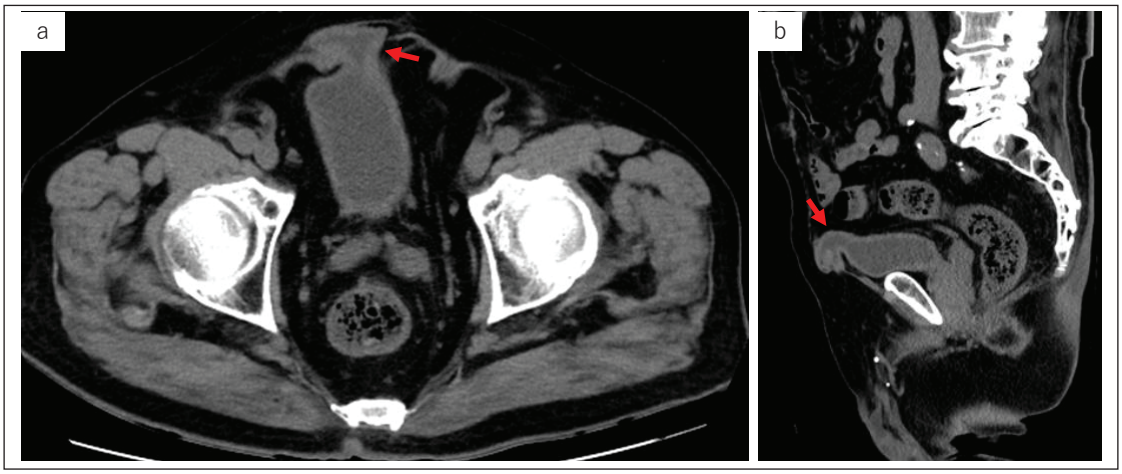


Figure 1. *Non-contrast computed tomography demonstrates herniation of the urinary bladder into the left inguinal canal. (a) Axial image showing focal protrusion of the anterior bladder wall (arrow). (b) Sagittal image showing extension of the herniated portion of the urinary bladder into the left inguinal canal (arrow), consistent with an inguinal bladder hernia.*

What is new in the current study

This case illustrates our emergency department's evaluation of a patient with abdominal pain and a reducible inguinal mass, in whom imaging identified chronic uncomplicated bladder herniation and supported conservative outpatient management.

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