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Letter to the Editor

Laparoscopic repair of an indirect inguinal hernia containing a fallopian tube in an adult woman

*To the Editor,*

Most reports of inguinal hernias containing fallopian tubes are in children who often have other congenital anomalies of the genital tract.^{1,2} Herein, we report an adult patient with an indirect inguinal hernia containing a fallopian tube.

A 44-year-old nulligravid woman presented to the emergency department of our institution with a 1-week history of increasing left groin pain. Her medical history was significant for Hashimoto's disease and a thyroidectomy at the age of 44 years. She was taking daily levothyroxine sodium tablets. Physical examination revealed a 2 × 2-cm mass, tender to palpation, over the left inguinal area. Transabdominal ultrasound detected a thick-walled, complex, tubular fluid collection in the left groin. Transvaginal ultrasound revealed a normal-sized uterus with both ovaries present in the pelvis. Magnetic resonance imaging (MRI) was ordered to make the preoperative diagnosis. As we suspected the possibility of fallopian tube hernia, MRI was ordered to further determine the contents of the inguinal mass; this study revealed that the left inguinal hernia contained a fluid-filled, tubular structure that was consistent with a dilated left fallopian tube (Figure 1A).

A bedside hernia reduction was attempted but was unsuccessful. Laparoscopic examination revealed an indirect hernia containing an incarcerated, dilated fallopian tube (Figures 1B and 1C). The contents of the hernia sac were returned to the peritoneal cavity, the left fallopian tube was removed, and an inguinal hernia repair was performed using polyester mesh.

In adult woman, indirect hernias typically occur between the ages of 40 and 60 years.³ Most of these hernias contain intestinal contents; viscera, such as female adnexal organs (ovary and fallopian tubes) are found in only 3% of hernia cases.⁴ In our patient, the left fallopian tube had entered the inguinal canal along with the round ligament. The fact that she remembered a probable inguinal hernia from childhood may indicate the predisposing factor for her condition.

In conclusion, gynecological organ involvement must be taken into consideration when women present with inguinal hernias. We successfully treated our patient using a laparoscopic approach, with the advantage of obtaining detailed intraperitoneal findings and a fast recovery and favorable cosmetic outcome for the patient. The laparoscopic approach should be considered for the treatment of inguinal hernias when gynecologic organs are involved.

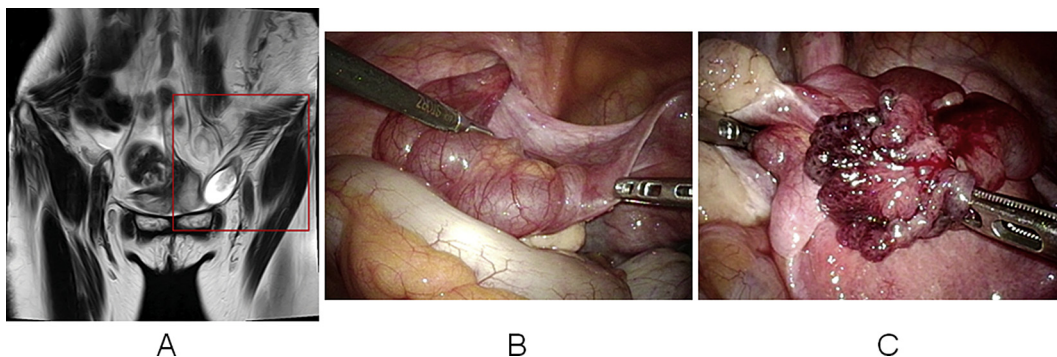


Figure 1. Preoperative imaging examinations and operative findings. (A) Magnetic resonance imaging showing a soft shadow in the left inguinal canal. The fallopian tube appears to be contained within the hernia sac; (B) left fallopian tube entering the inguinal canal along with the round ligament; and (C) the fallopian tube is dark red in color, suspicious for ischemia.

Conflict of interests: The authors have no conflicts of interest relevant to this article.

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