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Case Report

Srinagar hernia: a rare case report

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ABSTRACT

Testis and cord as content of sac in an indirect hernia is very rare. A 32-year-old male with scrotal swelling was diagnosed as a case of indirect inguinal hernia. Exploration documented indirect inguinal hernia of complete type with the spermatic cord and testicle as a content of sac. This is the unique case report with new type of indirect hernia reported with cord as the content of sac named as "Srinagar hernia". Indirect inguinal hernia with testis and spermatic cord as a content is very rare entity.

Keywords: Cord, Indirect inguinal hernia, Srinagar hernia, Testis

INTRODUCTION

Spermatic cord and testis as a content of inguinal hernia sac is very rare. The hernia sac may contain structures such as cecum, ascending colon or appendix on the right side, the sigmoid colon on the left side or the uterus, fallopian tubes, ovaries, ureters and bladder on either side.[1,2] During fetal development, testis descent from the abdominal cavity to the inguinal canal takes place between 8 and 15 gestational weeks.[3] Insulin-like hormone 3 is the primary regulator of this phase, possibly augmented by Mullerian-inhibiting substance/anti-Mullerian hormone, and regression of the cranial suspensory ligament by testosterone.[3] The testis may further descend through the inguinal canal to the scrotum at 25–35 weeks, which is controlled by androgens acting both directly on the gubernaculum and indirectly via the genitofemoral nerve, and release of calcitonin gene-related peptide from its sensory fibers.[3] An indirect inguinal hernia is usually a congenital. A patent processus vaginalis and increased cumulative mechanical exposure are risk factors for indirect inguinal hernia occurrence.[4] Aberrant hernia has been suggested to occur due defective regulatory mechanism of hormones, peptides from the genitofemoral nerve and insufficient release of calcitonin gene-related peptide that have an effect on testicular descent.[5] In this case, cord and testis invested by processus vaginalis in embryogenesis failed to disappear altogether after descent.

CASE REPORT

A 32-year-old gentleman presented with painless swelling of right scrotum of 5 years duration. There was no history of any trauma, orchitis or any inguino-scrotal surgery. Systemic examination was normal. Local examination revealed a large soft, non-tender, partially reducible swelling with no expansile cough impulse having free overlying skin and reaching unto base of scrotum. Testis not palpable on right side.

On exploration testicle and spermatic cord were enclosed in this sac like structure and traced to deep ring entering into peritoneal cavity. Diagnosis of an indirect hernia of a complete type with cord, testicle as a contents was made. Sac was dissected up to deep ring, incised laterally and cord with testicle kept out of sac. As the family was completed and after informed written consent was taken we done same sided orchidectomy. Twisting of incised sac with high ligation of sac done and released into peritoneal cavity. Follow up period was uneventful.

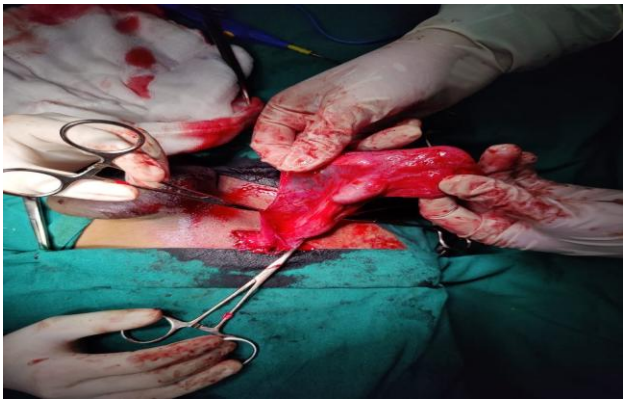

Figure 1: Testis and spermatic cord is the content of hernia sac.

Figure 2: Testis is the content of indirect inguinal hernia sac.

DISCUSSION

Testis and spermatic cord are content of inguinal hernia sac is very rare to see. An indirect inguinal hernia is usually a congenital. A patent processus vaginalis and increased cumulative mechanical exposure are risk factors for indirect inguinal hernia occurrence.[10]

Aberrant hernia has been suggested to occur due defective regulatory mechanism of hormones, peptides from the genitofemoral nerve and insufficient release of calcitonin gene-related peptide that have an effect on testicular descent. Arsalan et al reported an adult case with cryptorchidism in which testis and spermatic cord constitute a component of the indirect inguinal hernia sac but in the present case testis and spermatic cord were content without any cryptorchidism.[5] Cord is to be made extrasacal after incising lateral wall of sac and transfixed high at deep ring to prevent recurrence.

CONCLUSION

Indirect inguinal hernia having spermatic cord and testis inside sac is unique. Cord inside the sac of indirect hernia is made extrasacal to prevent recurrence.

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