

CLINICAL IMAGE

Congenital primary obstructed megaureter presenting as inguinal hernia in an infant

Mohamed Wishahi 

Urology Department, Theodor Bilharz, Research Institute, Cairo, Egypt

Correspondence

Mohamed Wishahi, Urology Department, Theodor Bilharz, Research Institute, Embaba, Giza, Cairo 1124, Egypt.
Email: wishahi@gmx.net

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Abstract

A 4-month-old boy presented with left inguinal swelling, and the examination was notable for an inguinal hernia; ultrasonography and CT revealed that the hernia content was hugely dilated ureter of ureteral-inguinal hernia caused by primary obstructed megaureter. Imaging of pediatric inguinal hernia elucidates contents, etiology, and guide for proper surgery.

KEYWORDS

congenital, pediatrics, primary obstructed megaureter, ureteral-inguinal hernia

1 | INTRODUCTION

A 4-month-old male child presented to the hospital with his caregiver complaining of left-sided inguinal

swelling. Physical examination was notable for left inguinal hernia. Abdominal ultrasonography (US) and computed tomography (CT) showed that the left ureter was hugely dilated and was viewed inside left

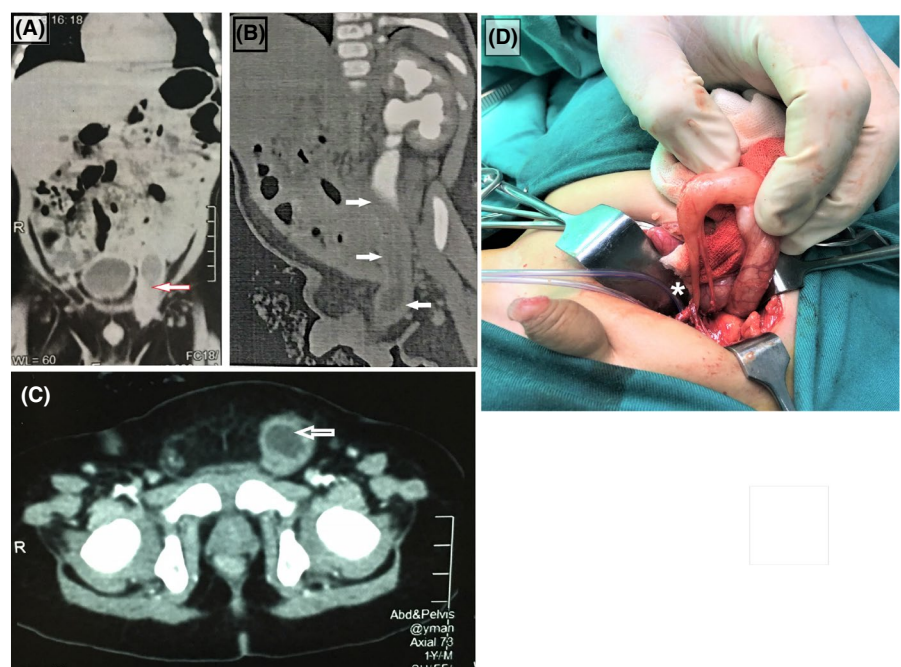


FIGURE 1 Abdominal computed tomography findings showing the hugely dilated ureter of congenital primary obstructed megaureter forming a left inguinal hernia in an infant (A, B, C, arrows). Intraoperative finding of the hugely dilated ureter with obstructed lower ureteric segment of congenital primary obstructed megaureter (D, asterisk)

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inguinal canal with advanced hydroureteronephrosis (Figure 1A,B,C, arrows). At laparotomy through pubic incision, the ureter was found dilated and entrapped inside the internal inguinal ring. The ureter was delivered intra-abdominal, and the diagnosis of primary obstructed megaureter (POM) was confirmed (Figure 1D, asterisk). Surgical correction of POM was done, and the internal inguinal ring was closed. At a follow-up visit after 6-months, the child was doing well; US showed resolution of hydroureteronephrosis.

Infantile ureteral-inguinal hernia is extremely rare with 6 case reports in literature.¹ It is predominantly diagnosed during the repair of inguinal hernia; it is crucial to be recognized preoperatively in order to avoid accidental ureteral injury during hernia repair.^{1,2}

In children with inguinal hernia, the possibility of the ureter being the content may be considered and US followed by computerised tomography should be considered to elucidate primary cause, to plan proper surgery, and to avoid ureteral injury during hernia repair.

ACKNOWLEDGMENT

None.

CONFLICT OF INTEREST

Nothing to declare.

AUTHOR CONTRIBUTIONS

MW managed the patient, contributed significantly to draft preparation, manuscript editing, and reviewed the final version.

ETHICAL APPROVAL

Written informed consent was obtained from the patient's caregiver for publication of this clinical image, this report was conducted in accordance with the declaration of Helsinki.

CONSENT

Written consent for publication was obtained from caregiver of the patient.

DATA AVAILABILITY STATEMENT

Data are available on request from the corresponding author.

ORCID

Mohamed Wishahi  <https://orcid.org/0000-0002-4559-619X>

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