

Congenital hernias and hydrocele: Importance of age

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Sir,

Re: Burden of congenital inguinal hernia and hydrocele in Northern and Southern Nigeria: An opportunity for awareness creation

We read the article “Burden of congenital inguinal hernia and hydrocele in Northern and Southern Nigeria: An opportunity for awareness creation” by Ibrahim *et al.*,^[1] and congratulate the authors for their sincere attempt to create an awareness in the society for the diseases such as congenital hydrocele and hernia. Congenital hernia and hydrocele share a common aetiology, that is, patent processus vaginalis (PPV). PPV is an outpouching of the peritoneum through the deep inguinal ring, which closes spontaneously after testicular descent. Failure of closure of PPV leads to an abnormal communication between the abdominal cavity and inguino-scrotal region.

The authors mentioned screening the population in the age group of 3 months to 35 years. The article did not provide clear information whether children below the age of 3 months were purposefully excluded or it was only due to the fact that the youngest child reported for screening happened to be 3 month old. Inguinal hernia commonly present during the 1st year of life with a peak during the first few months,^[2] thereby emphasising the importance of age. Approximately one-third of children are younger than 6 months of age at the time of operation.^[3] The highest incidence of hernia is found in premature infants, 16-25%.^[4,5] Earlier is the age of presentation more are the chances of complications in inguinal hernia. By ignoring the patients below the age of 3

months, we are missing out the most vulnerable age group in dire need of urgent treatment for the fear of dreaded hernia related complications.

The recommended management for congenital hydrocele is age dependent. Most surgeons advise the observation for hydrocele during the 1st year of life unless its presence is complicated by a coexistent congenital hernia. We are unable to get any information from the article whether all patients of congenital hydrocele were operated immediately after diagnosis or they were operated after the period of observation.

Though inguinal hernia common in boys, girls are not immune for inguinal hernia. Male to female ratio for inguinal hernia is between 3:1 and 10:1.^[3] The authors have not clearly outlined whether the girls were excluded from the screening process or there were no female patients reported for screening in the series.

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