

Congenital hernias and hydrocele: Importance of age

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Sir,

We wish to thank Dr. Nitinkumar BB *et al.* for their interest in our article “Burden of congenital inguinal hernia and hydrocele in Northern and Southern Nigeria: An opportunity for awareness creation.”^[1] The observations are quite valid as they relate to the age and gender disparities in the prevalence of a hernia and the concepts behind the repair of this common surgical pathology in both adults and children.

Though many researches are centred on the repair of congenital inguinal hernia and hydrocele in certain age groups;^[2,3] however, there is a need to look at the situation existing in other regions of the world.

None closure of patent processus vaginalis (PPV) resulting in a hernia and/or hydrocele can persist up to adulthood in some selected patients if not surgically explored at an early age of life [Figures 1-3]. If such are encountered in adulthood, age is not significant; hence, the concept of the repair only applies to the congenital entity.^[4,5] Therefore, PPV in adults could exist with hernia manifestations and is well-documented as a risk factor for the occurrence of an indirect hernia.^[6]

In addition, hernia and hydrocele repair either congenital or acquired have undergone evolutions over time through constant evaluations and scientific documentations. However, congenital inguinal hernia and/or hydrocele remain one such pathology that needs further research for accurate surgical management regardless of patient's age since PPV remains congenital.

On the male to female ratio for inguinal hernias, we need to state that short surgical missions have limited time frame in societies with obscure beliefs and poor awareness. Hence, during our outreach surgical

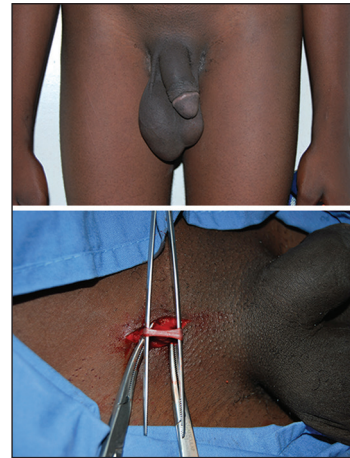


Figure 1: (a) Adolescent with patent processus vaginalis. (b) Dissected patent processus vaginalis intra-operatively-is hydrocelectomy needed here?



Figure 2: Patent processus vaginalis in an adult patient who underwent multiple sclerotherapy. Note the fibrotic patent processus vaginalis

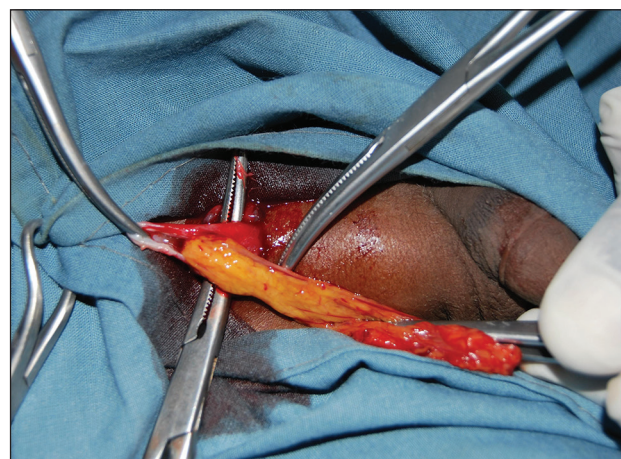


Figure 3: Omental herniation due to patent processus vaginalis in an adult patient with congenital history. Herniotomy done with satisfactory result

activities, female patients with inguinal hernia were not seen for unknown reasons, this certainly calls for the need to undertake further research. Furthermore, during our missions, there were no exclusion criteria on hernia and or hydrocele. What and who was sent to the camp for hernia screening were all included regardless of age and gender. Gender ratio and age are documented in some of our scientific works.^[5,7]

Patients with congenital hydrocele benefited from the surgical missions by simple ligations of the PPV. A stitch saves a future burden!

Recently, Park *et al.*^[8] in their assessment of the technical approach to hernia repairs found out that 26% of surgeons apply a same limited range of techniques to all patients without the evaluation of patient-specific factors. Therefore, the concept of hernia/hydrocele surgery should be well researched beyond tradition and mentorship^[8,9] but should be evidence-based.

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Conflicts of interest

There are no conflicts of interest.

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