

CLINICAL IMAGE

Inguinal hernia detected using radiography

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Abstract

There are various clinical presentations of inguinal hernia. Computed tomography is a well-known tool to help diagnose inguinal hernia; however, radiographs are rarely reported to be useful in this aspect. We present a rare case wherein radiographs helped in the diagnosis of inguinal hernia.

KEYWORDS

abdominal pain, abdominal radiography, inguinal hernia, soft part shadow

1 | CASE HISTORY/ EXAMINATION

A 22-year-old man complained of sudden and severe abdominal pain while sleeping and was brought to our hospital via ambulance. He was writhing in pain during hospital admission but denied nausea or constipation. He had no significant medical or surgical history. A physical examination revealed a tender flat abdomen with maximal tenderness in the upper abdomen. Intestinal peristalsis was normal. There was no rebound tenderness or abdominal rigidity.

A blood test showed an elevated white cell count (12,300/ μ l) but no elevated C-reactive protein (0.0 mg/dl). All the other parameters were normal. A radiograph revealed a soft part shadow, approximately 13 cm in size, in the genital area (Figure 1). Examination of the genital area revealed a large, irreducible, non-tender right scrotum (Figure 2). He did not notice it before and denied lower abdominal pain. We, therefore, suspected inguinal hernia. Computed tomography confirmed external inguinal hernia (Figure 3) as the hernia orifice was outside the inferior epigastric artery.

Manual delivery failed; therefore, emergency surgery was performed.

Inguinal hernias have various clinical presentations: a painless bulge in the groin region, scrotum pain, anteromedial hip pain, and groin or abdomen pain.¹ It primarily

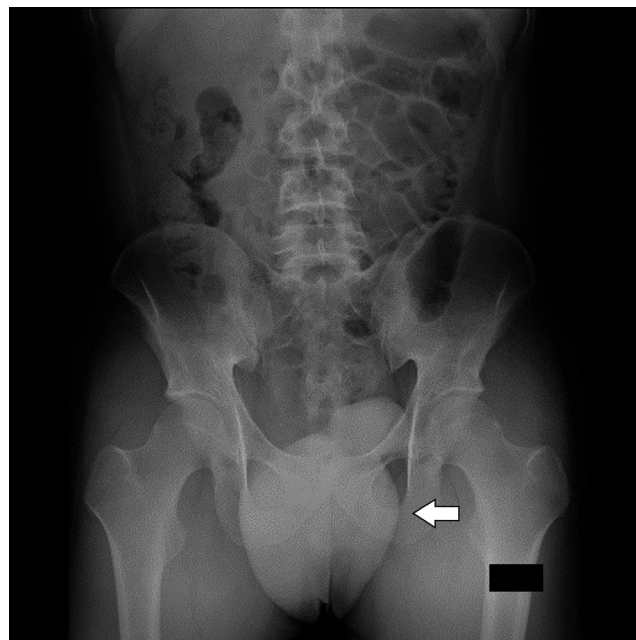


FIGURE 1 Radiograph indicating a soft part shadow, approximately 13 cm in size, in the genital area

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FIGURE 2 Photograph indicating a large right scrotum



FIGURE 3 Computed tomography revealing external inguinal hernia

affects older men (median age: 50–69 years),² with a few uncommon occurrences in women or young men, as in our patient. The genital area must therefore be carefully examined in such clinical presentations. In our patient, a radiograph helped diagnose the inguinal hernia. Special attention must be paid to the genital area on a radiograph for patients presenting with abdominal pain, as described in the case above.

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CONFLICTS OF INTEREST

There are no conflicts of interest to declare.

AUTHOR CONTRIBUTIONS

YT cared for the patient, contributed to the editing of the manuscript and preparation of the figure. TS cared for the patient, conducted the literature search, and edited the manuscript. SS cared for the patient, contributed to the editing of the manuscript, and provided expert opinion on surgery.

CONSENT

Written consent to publish was obtained from the patient.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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