

Case study

From Tubal Ligation to Inguinal Hernia Surprise: Unexpected Complication of Tubal Ligation - A Rare Case



ABSTRACT :

INTRODUCTION: A chance of having a female reproductive organ in inguinal hernia presentation is a rare occurrence. Patients may be presented with vague symptoms like localized pain in the inguinal canal and swelling can be visualized. Ovary and fallopian tube can be detected incidentally during elective surgery or present as a medical emergency requiring immediate intervention. The same can be found after tubal ligation. but these are very rare phenomena.

CASE PRESENTATION: A 37 year old female patient presented with complain of left sided lower abdominal pain since 6 months , which was insidious in onset gradually increase in intensity of pain since last 3 days of presentation which was dull aching , not relieved with medications, aggravated at time of menstruation cycle, She had undergone single incision laparoscopic tubal ligation 5 years ago. On examination the significant finding was tenderness and swelling at the level of deep inguinal ring. On per operative exploration, inguinal hernia contains ovary with fallopian tube. The content was reduced and meshplasty was done.

CONCLUSION: While inguinal hernias are common, the unexpected presence of fallopian tubes and ovaries within them presents a rare but crucial diagnostic challenge for medical professionals. A sharp eye and consideration of this possibility, especially in female patients, are essential for prompt and effective surgical intervention, ultimately preventing serious complications.

Keywords: [Ovarian hernia, Tubal ligation, Inguinal hernia]

1. INTRODUCTION:

Inguinal hernias are a common condition, yet the presence of female reproductive organs specifically the ovary and fallopian tube within the hernial sac is an unusual occurrence, especially following tubal ligation.

While tubal ligation is a widely performed procedure for permanent contraception, the anatomical changes it induces may occasionally predispose women to atypical presentations of inguinal hernias.

These cases often present with vague symptoms such as localized pain in the inguinal region or swelling, which may be exacerbated during menstruation. The diagnosis is frequently incidental, occurring during elective surgical procedures, yet in some instances, it can manifest as an urgent surgical emergency.

Recognizing and understanding this rare phenomenon is crucial for timely diagnosis and appropriate management, helping to avert potential complications and optimize patient outcomes.[1-2]

2. CASE PRESENTATION:

A 37 year old female patient presented with a complaint of left sided lower abdominal pain for 6 months ,which had increased since the last 3 days. It was dull aching , not relieved with medications and aggravated at time of menstruation cycle , Patient had experienced complaint of constipation . No other significant complaint. She had undergone single incision laparoscopic tubal ligation 5 years ago. Following the operation she had not complained till 6 months ago. She had 3 children which were delivered by normal vaginal delivery. Her menses were regular.She had no other significant past , personal, family history.

2.1 Clinical Findings:

Her examination reveals finger pointed tenderness over left inguinal region with finding of 2 cm × 2 cm swelling with smooth surface , margin of lump was ill-defined at position of deep inguinal ring and on cough impulse it was not increase in size , not reduced spontaneously on lying down or any maneuver with overlying skin is normal with normal bowel sound present without any organomegaly with 1cm ×0.5 cm old healed horizontal scar present over just below the umbilicus (probably of tubal ligation)

Her cardiovascular and respiratory and central Nervous system examination was normal .

Her per vaginal was normal.Her per rectal examination reveals normal anal tone with healed anal fissure with skin tag at 6 o'clock position.

2.2 Blood Investigation:

On blood investigation , Hb was 13 and wbc count was 9000 and platelet count was normal . No abnormalities in renal and liver function test .

2.3 X-ray abdomen standing:

X-ray chest and abdomen were normal .

2.4 Usg Abdomen and Pelvis:

On ultrasonic finding of abdomen and pelvis reveals defect of 2 cm size over left inguinal region containing ovary with normal vascularity.

2.5 Management:

Patient was operated for open inguinal hernia repair for that at 1.5 cm above of mid point of inguinal ligament to pubic tubercle incision was kept of approx 5 cm× 1 cm, subcutaneous tissue was cut, extrnal oblique aponeurosis was opened. Ovary with fallopian tube was found in content which was

healthy. It was reduced and hernial repair done by putting proline mesh of 6×11 cm. External oblique aponeurosis was closed and skin closed . Patient was discharged without any complication in post operative period of 1 week and suture removed on post op day of 14 day .



Fig 1: Left ovary with Fallopian tube as content of left inguinal hernia

3. DISCUSSION :

Our case report highlights the importance of considering this possibility in female patients presenting with inguinal hernias, particularly those with a history of tubal ligation.

The anatomical changes induced by tubal ligation may predispose women to atypical presentations of inguinal hernias. The ovary and fallopian tube can herniate through

the inguinal canal, leading to symptoms such as localized pain, swelling.

The diagnosis of an inguinal hernia containing the ovary and fallopian tube can be challenging. Imaging studies such as ultrasound and X-rays may not always reveal the presence of these organs within the hernia.

A sharp eye and consideration of this possibility are essential for prompt and effective surgical intervention, ultimately preventing serious complications.

In conclusion, while inguinal hernias are common, the unexpected presence of fallopian tubes and ovaries within them presents a rare but crucial diagnostic challenge for medical professionals.[3]

Our case report adds to the existing literature on this topic and emphasizes the importance of considering this possibility in female patients presenting with inguinal hernias.[4]

4. CONCLUSION

While inguinal hernias are common, the unexpected presence of fallopian tubes and ovaries within them presents a rare but crucial diagnostic challenge for medical professionals. A sharp eye and consideration of this possibility, especially in female patients, are essential for prompt and effective surgical intervention, ultimately preventing serious complications.

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CONSENT

Consent has been taken from the patient.

ETHICAL APPROVAL

As per the international standard or university standard written ethical approval has been collected and preserved by author(s).

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