Water under the bridge: a rare case of scrotal cystocele

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DESCRIPTION

Large sliding inguinal hernias involving the urinary bladder are rare. If left untreated, the effect can be devastating, leading to bladder infarction, perforation or obstruction. The urinary bladder is involved in 1–4% of all inguinal hernias.¹ Review of the

literature reveals that large scrotal cystoceles are very rare, occurring in fewer than 1% of cases and are diagnosed preoperatively in less than 7% of cases.² An ultrasound and CT of the scrotum and pelvis can aid in the evaluation of a scrotal cystocele (figures 1 and 2).³ When identified, the patient should have prompt surgical intervention to prevent complications that include haematuria, fistulas, sepsis, bladder infarction and hydronephrosis.^{2–3} Herniorrhaphies are performed through inguinal incisions. However, there are case reports of success with laparoscopic and robotic techniques with scrotal cystoceles.²

Figure 1 Axial view showing non-contrast CT of the abdomen/pelvis highlighting the bladder inside the scrotum.

Figure 2 Sagittal view showing non-contrast CT of the abdomen/pelvis showcasing the bladder herniating into the scrotum.

Learning points

- ▶ Large sliding inguinal hernias involving the urinary bladder are rare with two-phase micturition as the only discomfort frequently cited.
- ▶ CT findings, such as in the image provided, include (but are not limited to) bladder wall indentation, asymmetry of the herniated structures in abnormal locations and the ureter located beyond the pelvic bones.
- ▶ When identified, the patient should have prompt surgical intervention to prevent complications that include haematuria, fistulas, sepsis, bladder infarction and hydronephrosis.

Competing interests None.

Patient consent Obtained.

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