



Trapped Ovary: The Silent Danger in Female Inguinal Hernia

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ABSTRACT

Inguinal hernias involving pelvic organs are rare yet clinically significant, particularly when the herniated content is the ovary. We present the case of a 72-year-old female with a right-sided irreducible inguinal hernia containing both the ovary and small bowel. Timely diagnosis and surgical intervention were crucial in preventing complications. This case underscores the importance of early imaging and surgical evaluation in atypical groin hernias in females.

Keywords: Inguinal hernia, Trapped ovary, Female groin hernia, Bowel adhesion, Emergency exploration

I. INTRODUCTION

Inguinal hernias are uncommon in females and can occasionally involve pelvic organs, such as the ovary, presenting as sliding hernias. These hernias are at a higher risk of strangulation due to their unique anatomical characteristics. The causes can be congenital, linked to maldevelopment of the Müllerian ducts, or acquired due to factors like ligament laxity, multiparity, or pelvic adhesions. Early recognition and management are critical, particularly in reproductive-aged women, though this condition can also occur in elderly patients.

II. CASE REPORT

A 72-year-old female presented with a 1-day history of right groin pain and vomiting, along with a 1-year history of a reducible groin swelling. She denied any urinary or obstructive symptoms. On examination, the patient was stable, with a tender, irreducible swelling (4x3 cm) extending from the anterior superior iliac spine to the labium majus. Abdominal guarding was noted. A CT scan revealed a 1.1 cm defect in the right inguinal region, with herniation of both small bowel and the right ovary. An OB/GYN consultation was obtained, and the possibility of unilateral salpingo-oophorectomy was discussed. Emergency surgical exploration revealed a healthy ovary and bowel loop, with adhesions between the ileum and the ovary. Adhesiolysis was performed, and the

contents were reduced. A mesh hernioplasty was then carried out. The postoperative period was uneventful, and the patient was discharged on postoperative day 4.



FIGURE : 1, Right ovary with bowel adhesion as herniated content



FIGURE : 2, Herniated Small bowel segment seen after adhesiolysis and ovarian reduction

III. DISCUSSION

While inguinal hernias are common, involvement of pelvic organs such as the ovary is rare and often underrecognized, particularly in elderly women. Congenital causes, like a persistent processus vaginalis, or acquired pelvic adhesions, can predispose patients to such hernias. This case highlights the importance of surgeons considering adnexal organs as potential hernia contents in



female patients, especially in those presenting with atypical groin swellings. Emergency imaging and prompt surgical intervention are crucial in preventing complications like strangulation or torsion.

IV. CONCLUSION

Ovarian herniation in female inguinal hernias, though rare, should be considered in the differential diagnosis of irreducible groin swellings. Timely imaging and surgical intervention can preserve organ viability and prevent potentially serious complications.

Consent Statement

Informed consent could not be obtained despite reasonable efforts. The case has been fully anonymized, and no identifiable patient information is included. This report is presented purely for educational and academic purposes.

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