

Case Report

Scrotal cystocele presenting with renal failure

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ABSTRACT

Extensive bladder herniation is rare. We hereby present a case of scrotal cystocele with chronic renal failure. It was managed successfully by initial nephrostomies and then definitive corrective surgery.

Keywords: Cystocele, Scrotal Hernia, Bladder hernia, Renal failure

INTRODUCTION

Herniation of the urinary bladder is not rare. The urinary bladder may be involved in up to 10% of all inguinal hernias;¹ however, usually only a small amount of the bladder is involved. Extensive bladder involvement is a rare event and may result in obstructive renal failure.

The presence of a large bladder hernia with descent into the scrotum was termed “scrotal cystocele” by Levine in 1951.²

CASE REPORT

A 55 year old male presented with anorexia, nausea and vomiting since 4-5 days. He also gave history of left scrotal swelling since last 10-15 years which was progressively increasing in size, non-tender.

On examination – 20*18 cm in size left scrotal swelling was found (Figure 1) which was hard, non-tender, and irreducible. It was not possible to reach above swelling.

Routine investigations showed- sr. creatinine 4.3mg/dl.

Ultrasound showed B/L moderate hydronephrosis and hydroureter. Bladder could not be visualized in pelvic cavity.

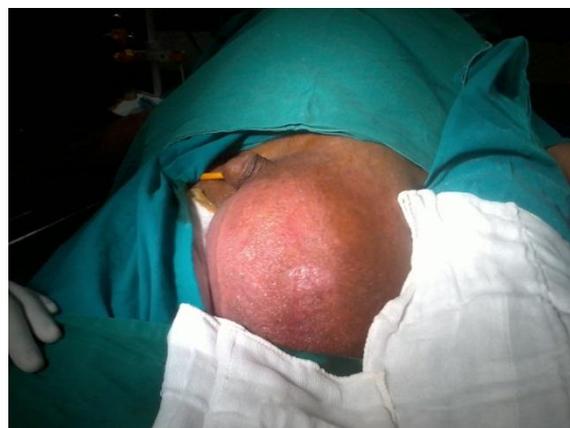


Figure 1

USG scrotum – showed 18*14 cm sac with thick wall (2 cm) & multiple internal echoes. B/L dilated ureters could be seen entering the sac.

To confirm above findings ascending urethrography (Figure 2) was done, which showed normal anterior & posterior urethra. Dye could be seen entering the left scrotal sac via left inguinal region.

Bilateral nephrostomies were done under local anesthesia.

Serum creatinine settled to 2 mg/dl.

Patient was explored. Thick walled bladder was seen herniating completely in the left hemiscrotum. Bladder was replaced in normal bony pelvis. On follow up patient maintained stable creatinine of 2 mg/dl.



Figure 2

DISCUSSION

Urinary bladder herniation is not unusual; it has been reported to occur in 10% of all inguinal hernia in men over 50 years.³ Bladder herniation may also occur in femoral, obturator, suprapubic and ischiorectal hernias;⁴ however, usually only a small portion of the bladder is involved. Bladder herniation into the scrotum is rare but may be suspected clinically by the presence of two stage

micturition. The clinical significance of making a pre operative diagnosis was emphasized by Watson who noted that 43 of 363 cases of inguinal bladder hernia were not identified until after surgery, when urinary leakage and sepsis resulted from inadvertently incising the bladder.⁵

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