

Acute Renal Failure Caused by Giant Scrotal Hernia

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Clinical Image

A 70-year-old man with left side inguinal hernia and phimosis was admitted to emergency department due to acute hemorrhage from skin of scrotum. High risk of respiratory failure after hernia repair due to

increase of abdominal volume decided of a non-surgical approach. The patient is now being prepared for elective surgery. Ureteral inguinal hernias (Figures 1A-1C) are rare (over 100 cases since 1880 [1]) but well documented cause of obstructive uropathy. Bladder and both ureters

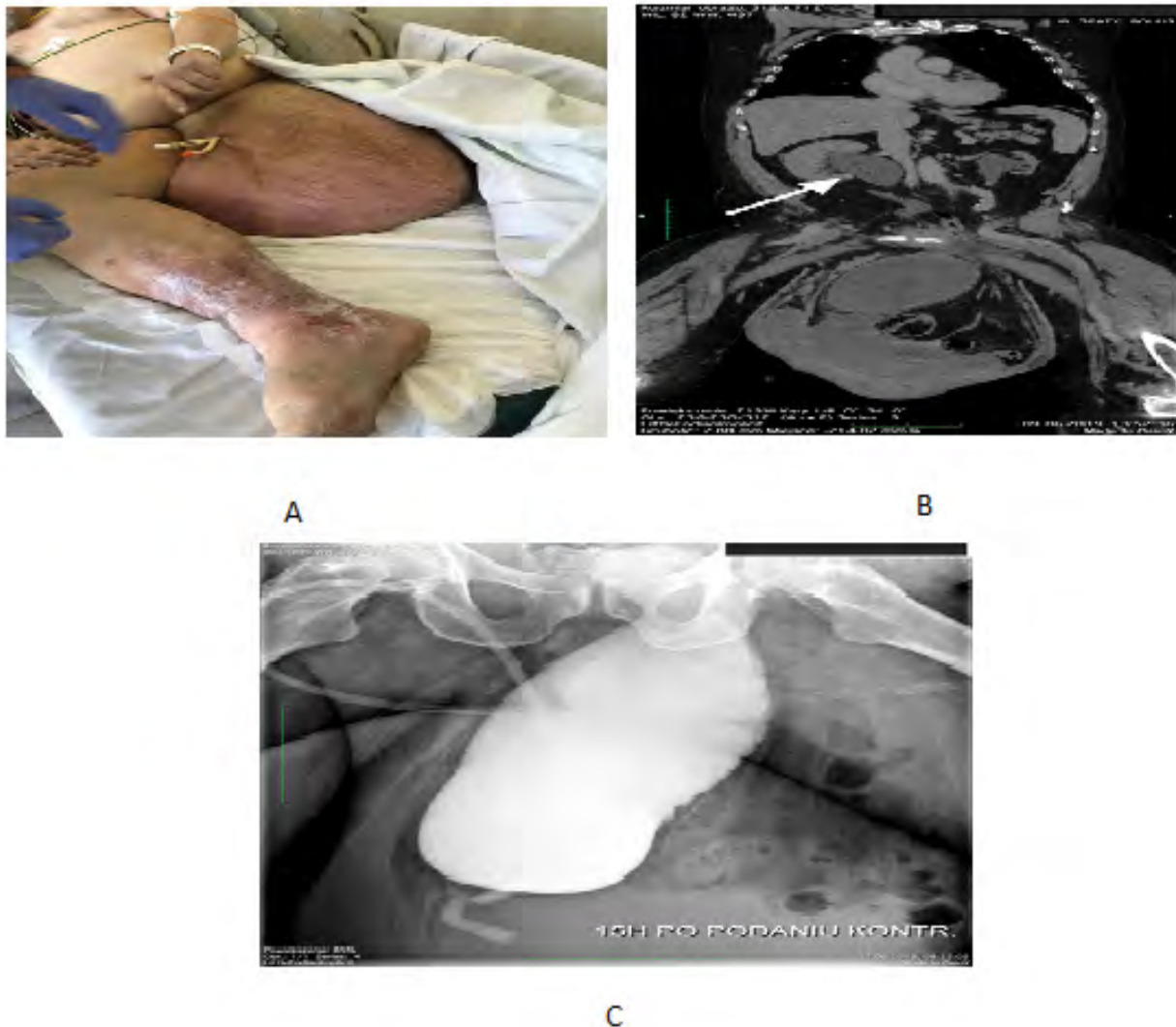


Figure 1: A: Left side inguinal hernia. B: CT scan revealing right hydronephrosis; involvement of urinary bladder, distal parts of both ureters and sigmoid colon in hernia sac. C: Urethrocystography which revealed urinary retention and a full dislocation of a bladder to the hernia sac.

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involvement in hernia sac is extremely rare condition. A ureteral inguinal hernia should be considered when a clinical inguinal hernia is diagnosed concurrently with unexplained unilateral hydronephrosis, renal failure or urinary tract infection. There are no clear guidelines for surgical management in such cases. A ureteral inguinal hernia often does not lead to strangulation and obstructive uropathy due to the large size of majority of these inguinal hernias [2,3]. Postponing hernia repair seems to be option of choice in a group of patients with sepsis due to urinary tract infection and no symptoms of strangulations. In

cases with hydronephrosis and acute renal failure nephrostomy might be considered as a bridge to elective surgery.

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