Clinical image

Ovarian Inguinal Herniation

Nadia Khurshid, M.D.,¹ Faiz Altaf Shera², M.B.

¹Senior Resident Department of Obstetrics and Gynecology, Govt. Medical College Srinagar

²Post Graduate Department of Radiodiagnosis and Imaging, SKIMS, Soura, Srinagar

A 3 days female newborn, born at term by Cesarean section, with a birth weight of 3200 g, was brought to the casualty with the complaints of irritability and a lump in her right groin by her mother. On physical examination, a non-fluctuant mass which was irreducible was palpated in the right inguinal region, just above the labium majora. The rest of the systemic examination was within normal limits. Her CBC was normal. At B-mode High Resolution US, a 5 mm wide deep inguinal ring was seen and a herniation of tissue material through this defect was detected which was oval in

shape measuring 15 x 7 mm and contained multiple tiny cystic areas suggestive of follicles. The uterus was displaced and stretched to the right, in the direction of the fascial defect. The sonographic impression was herniation of the right ovary into the patent processus vaginalis. Doppler imaging performed to rule out torsion revealed an arterial vessel leading to this structure with adequate amount of flow visible in the substance of the mass. The patient was managed conservatively.

Figure 1: This B-mode US image shows the right ovary herniating through the deep ring (Arrow)

Correspondence

Dr. Faiz Altaf Shera, M.B.

Senior Resident

Department of Radiodiagnosis SKIMS

E-mail: faizshera@gmail.com