

Case report

Subserous uterine fibroid simulating an incarcerated inguinal hernia during pregnancy

Maysoon Sharief¹ and Abdul-Allah Hamid²

Introduction

Inguinal hernia may contain intestine, omentum or testicles. Infrequently, inguinal hernias have been found to include uterine tissue, cases that almost always are associated with müllerian duct abnormalities and at times pseudohermaphroditism [1]. The danger of hernia is protrusion of a hollow viscus outside its normal environment through a ring of variable size. If the viscus becomes caught by the ring and cannot be replaced, it becomes incarcerated. If, in addition, blood flow to or from the protruding viscus is compromised, the process of strangulation begins, with ultimate necrosis of the bowel if left untreated. It is difficult to differentiate incarcerated hernias from those in which the strangulating process has begun and therefore they are considered to be surgical emergencies [2].

Case report

A 33 year-old primigravida, 20 weeks pregnant, was admitted to Al-Tahreer Hospital, Basra, Iraq, with severe left inguinal pain.

Her current pregnancy was uneventful and normal until 3 days before admission.

She did not mention any gastrointestinal symptoms.

Physical examination on admission revealed a 60 kg woman in good general health in no apparent acute distress. She was febrile, blood pressure 120/70 and pulse 70 beats per minute. The abdomen was soft with a bulging nonreducible tender mass measuring 3 × 4 cm protruding above the left inguinal region. Uterine size was 20 weeks and non-tender. Ultrasonography confirmed a viable singleton fetus of normal condition and growth parameters appropriate for gestational age. Laboratory results were as follows: haemoglobin 11.5 g/dl, white blood cell count 6800/mm³, normal blood urea and general urine examination. Surgical consultation was sought. Based on the patient's history and the physical examination, she was thought to have an incarcerated inguinal hernia containing omentum. While she was under general anaesthesia, dissection of the abdominal wall, through an oblique incision above the mass, disclosed an intact internal inguinal ring. When the abdominal cavity was opened, a 3 × 4 cm uterine fibroid in the lateral side of the lower segment of the uterus was found. The abdominal wall was closed without removal of the fibroid.

¹ Department of Gynaecology and Obstetrics; ² Department of Surgery, College of Medicine, University of Basra, Basra, Iraq.

Received: 27/11/96; accepted: 16/06/97

Three days later, severe uterine contractions took place, which ended in spontaneous abortion.

Discussion

Inguinal hernias are usually easily diagnosed on physical examination. Ultrasonography has been shown to be helpful in establishing this diagnosis in cases complicated by obesity [3]. Localized weakness of

the abdominal wall muscle and focal hypertrophy of the rectus muscle may both simulate a hernia [2]. To the best of our knowledge, this unusual case is the second report in which a subserous uterine fibroid was clinically thought to represent an incarcerated inguinal hernia. The first report of a nonherniated pedunculated uterine fibroid was recorded in the Strong Memorial Hospital at the University of Rochester in New York, USA [4].

References

1. Elliot DC, Beam TE, Denapoli TS. Hernia uterus inguinale associated with unicornuate uterus. *Archives of surgery*, 1989, 124:872-3.
2. Sabiston DC. *Textbook of surgery*, 4th ed. Philadelphia, WB Saunders Company, 1991.
3. Yeh NC et al. Ultrasonography and CT of abdominal and inguinal hernias. *Journal of clinical ultrasound*, 1984, 12:479-86
4. Shere DM et al. Pedunculated uterine fibroid simulating an incarcerated inguinal hernia in pregnancy. *American journal of obstetrics and gynecology*, 1994, 170(3):724-5