

Neonatal Incarceration of Inguinal Hernia with Torsion of Right Testes

Najia Alhojaili¹, Attia Alzahrani², Ibrahim Kutbi¹, Helal Almalki³, Laila Alabasi⁴, Amal Zubani⁵, Samah Hamdi⁶

¹NICU Consultant at Maternity Children Hospital Makkah, Saudi Arabia.

²Head of NICU at Maternity Children Hospital Makkah, Saudi Arabia.

³Head of Maternity Children Hospital Makkah, Saudi Arabia.

⁴Senior general Consultant at Maternity Children Hospital Makkah, Saudi Arabia.

⁵NICU Consultant at KFSH and Research Center Jeddah, Saudi Arabia.

⁶NICU Resident, Maternity Children Hospital Makkah, Saudi Arabia.

Correspondence to: Najia Alhojaili, NICU Consultant at Maternity Children Hospital Makkah, Saudi Arabia.

Received date: July 04, 2023; **Accepted date:** July 12, 2023; **Published date:** July 19, 2023

Citation: Alhojaili N, Alzahrani A, Kutbi I, et al. Neonatal Incarceration of Inguinal Hernia with Torsion of Right Testes. J Med Res Surg. 2023;4(4):73-74. doi: 10.52916/jmrs234112

Copyright: ©2023 Alhojaili N, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original author and source are credited.

ABSTRACT

An inguinal hernia is a bulge or protrusion that is seen or felt in the groin area or the scrotum (for boys). Inguinal hernias occur in boys more frequently than in girls. Infants who are born prematurely are at an increased risk of having an inguinal hernia.

Incarceration of hernia is a major problem in neonates, it causes significant pain and the content of this hernia is the intestine.

If not diagnosed early it causes a cut in the blood supply and the infant became very sick.

Treatment of inguinal hernia is surgical under general anesthesia, but if an inguinal hernia is present in preterm the surgical will be done before discharge.

Bilateral inguinal hernia in females must be investigated very carefully, maybe ovaries are present in inguinal hernia.

Keywords:

Inguinal hernia, Protrusion, Scrotum, Infants, Incarceration.

Introduction

Inguinal hernia is common in preterm infants and the treatment is surgical before discharge.

We have two types of inguinal hernia direct inguinal hernia and indirect inguinal hernia.

Inguinal hernia in full-term baby needs to be fixed if any serious complications happened like obstruction and strangulation.

Neonatal testicular torsion is defined as torsion that occurs prenatally and up to 30 days after delivery [1].

The presentation of testicular torsion is varying according to the time of the onset and may be present with irritability and refused feeding, fever this is an early presentation or late presentation with discoloration and blue color of the testes.

We have two types of operations either open surgery or laparoscopy.

Incidence

For example, about one-third of baby boys born at less than 33 weeks' gestation will have an inguinal hernia.

Case Study

An 8 days old full-term baby delivered in another hospital came to the emergency department with excessive crying and redness from the umbilical area down to the thigh with refused to feed.

The infant was completely healthy before only 4 hours' mother noticed irritability and lethargy with crying.

Vital signs baby: tachycardia heart Rat=190 sinus rhythm. Tachypnea respiratory Rat=60PPM, Temperature=39, Blood Pressure=110/60.

Looks pale and tinge of cyanosis around the lips, breath sounds were equal bilateral, 1st and 2nd heart sounds were normal no murmurs.

The abdomen was tender, with redness over all the abdomen you can't palpate for hepatosplenomegaly, bowel sounds were diminished.

The genitalia and the scrotum were bluish discolorations you can't palpate the testes and the right inguinal area is bulging with redness and hotness.

Immediately investigations were done while the baby was in an emergency department complete blood count showed leukocytosis and thrombocytopenia, and chemistry was normal, blood gas showed metabolic acidosis.

Chest X-ray was normal, abdominal X-ray showed gasless abdomen,

Urgent abdomen ultrasound and doppler testicular ultrasound showed no vascularity of the right testes.

Differential Diagnosis

- Incarcerated inguinal hernia
- Volvulus of the intestine
- Intestinal perforation
- Right testicular torsion

Diagnosis

Incarcerated right inguinal; hernia with torsion of right testes.

Treatment

The infant was admitted to the intensive care unit, and immediately taken all investigations including blood culture, and urine culture, and started antibiotics, kept him Nil Per Os (NPO), and started In Vitro Fertilization (IVF), consent was taken from the parents.

Saw by pedi-surgery and doppler ultrasound was repeated showed the absence of testicular vascularity indicate there was right testes is affected.

Laparotomy was done found herniation of the intestine with multiple small perforations in the intestine and fragmented right testes which were removed and fixed left testes on the left scrotum.

A small drain was inserted and the infant came from the operation.

Vital signs were maintained, ventilated on AC+VG, kept NPO for 10 days, antibiotics were continued, and analgesia was given.

On 3rd day of postoperative stool was passed from the drain a small amount parents daily visited and brought breast milk.

On the 4th day extubation was done, and the infant was doing great. Followed by pedia-surgery.

Discussion and Conclusion

Inguinal hernia is very common in preterm babies and it must

be operated on before the discharge.

Sometimes the inguinal hernia does not contain the bowel, sometimes it contains ovaries especially when is bilaterally and in females so be careful.

Our case is very interesting. He had two pathology incarcerated inguinal hernia associated with right testicular torsion.

The presentation is typical infant became irritable, crying, and drilling both legs in the abdomen, duration is sudden and it takes 12 hours and the right testes became fragmented.

The treatment of torsion is early surgical to restore the blood supply of these testes and fixed the other testis, the physical examination is very important and early detection is crucial.

Conflicts of Interest

The authors have no conflicts of interest to report.

Funding

No.

References

1. <https://www.uptodate.com/contents/neonatal-testicular-torsion/abstract/1>