CASE REPORT

Large bladder diverticulum presenting as an inguinal hernia

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We present the case of a 76-year-old man with a large

bladder diverticulum presenting as an inguinal hernia with small bowel incarceration. Bladder herniation is extremely rare and when clinically suspected, computed tomography can be an important adjunct to diagnosis.

Key Words: bladder diverticulum, inguinal hernia

A76-year-old man presented to the emergency room with increasing pain, erythema, and purulent drainage from his right inguinal area. On physical examination, a nonreducible groin mass entered the inguinal canal representing an incarcerated loop of small bowel. Other medical problems included multiple myeloma with spinal cord compression and congestive heart failure.

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Address correspondence to Dr. Brad Schwartz, Center for Laparoscopy and Endourology, SIU School of Medicine, PO Box 19665, Springfield, IL 62794-9665 USA Abdominal computed tomography (CT) demonstrated a bladder diverticulum herniating through the right inguinal canal with a concomitant inguinal abscess, Figure 1a and 1b. The patient was taken to the operating room where the abscess was drained. Wound cultures grew sensitive enterococcus species. Flexible cystoscopy demonstrated no bladder pathology. However, as seen in Figure 2, the cystoscope could be passed into the inguinal canal. A finger in the external ring simulating a hernia exam could palpate the tip of the cystoscope. A cystogram performed at the same time showed a wide mouthed diverticulum with no communication to the surrounding structures. The patient's wound subsequently healed and

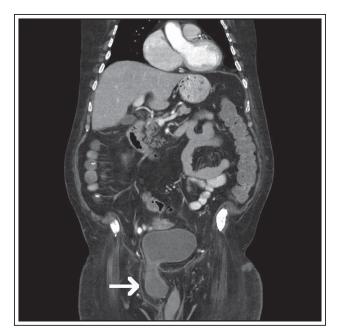


Figure 1a. Herniated bladder diverticulum (white arrow).

no further treatment for the diverticulum is planned due to the patient's comorbidities.

Herniation of bladder diverticuli is extremely rare and when clinically suspected, CT can be an important adjunct to diagnosis.¹⁻³ Cystograms are also an important tool to evaluate bladder integrity in difficult cases.



Figure 1b. Inguinal abscess (white arrow).

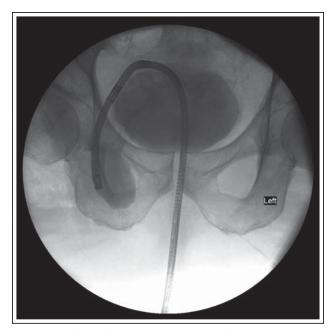


Figure 2. Flexible cystoscope in bladder diverticulum.

References

- Fuerxer F, Brunner P, Cucchi JM, Mourou MY, Bruneton JN. Inguinal herniation of a bladder diverticulum. Clin Imaging 2006;30(5):354-356.
- Oruc MT, Akbulut Z, Ozozan O, Coskun F. Urological findings in inguinal hernias: a case report and review of the literature. *Hernia* 2004;8(1):76-79.
- 3. Iagaru A, Siegel ME. Demonstration of a right inguinal hernia containing urinary bladder diverticulum on whole-body bone scan and pelvic CT. Eur J Nucl Med Mol Imaging 2006;33(2):234.