

CASE REPORT

The Rarest of Rare Case of Scrotal Cystocele

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ABSTRACT

Scrotal cystocele is a type of urinary bladder hernia, where the bladder herniates into the scrotum. They are not common and constitute to less than 4% of the hernias and bear a gender predilection toward males with history of lower urinary tract symptoms. Clinical presentation usually varies with some being asymptomatic while others present with intermittent scrotal swellings and voiding problems.

We report the case of a 55-year-old asymptomatic individual who came with incidentally detected hydroureteronephrosis. Nonenhancing spiral computed tomography revealed large scrotal swelling with bilateral inguinal hernia. The bladder was seen herniating on the right while the colon was the content of the left.

Keywords: Bladder hernia, Computed tomography, Inguinal hernia, Scrotal cystocele.

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INTRODUCTION

Scrotal cystocele is a type of urinary bladder hernia, where the bladder herniates into the scrotum constituting to less than 4% of the hernias.¹ They are seen more commonly in elderly men who present with preexisting lower urinary tract abnormalities or prior surgeries. The herniation of the bladder to the scrotum was defined as scrotal cystocele for the first time by Levine in 1951.²

CASE REPORT

A 55-year-old obese asymptomatic individual came with incidentally detected hydroureteronephrosis during a

health check-up. The patient was not a known diabetic or hypertensive and had no history of prior surgery. To ascertain the cause for hydroureteronephrosis a nonenhanced spiral computed tomography (CT) of the kidney, ureter, and bladder (KUB) region was done, which revealed bilateral inguinal hernia. Further screening of the groin region revealed a right-sided scrotal cystocele (Figs 1A to C) and a left-sided inguinoscrotal hernia with colon as the herniating content (Fig. 2).

DISCUSSION

Involvement of bladder can occur in up to 4% of the detected inguinal hernias. Most common side of involvement is on the right and patients are known to present with a classical two-stage voiding as a feature.^{3,4} In which there is an initial reduction in the size of the



Figs 1A to C: Computed tomography images: (A) Coronal; (B) sagittal; and (C) volume rendered images of the KUB region showing right cystocele



Fig. 2: Axial CT image of bilateral inguinal hernia with bladder herniating on the right and left colon

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hernia after voiding and further voiding on compression of the scrotal sac.

Though many smaller hernias are detected incidentally larger ones are almost always symptomatic often presenting with hematuria, bladder infarction, and symptoms of urinary retention.

CONCLUSION

Scrotal cystocele is a rare cause of a scrotal swelling accounting for less than 4% of inguinal hernias. Though many smaller hernias are detected incidentally, larger ones are almost always symptomatic. However, the

remote possibility of a large asymptomatic scrotal cystocele must be borne in mind.

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