

## LETTER TO THE EDITOR

### Obstructed Inguinal Hernia in a New-Born

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#### DEAR SIR

A full-term male child born by normal vaginal delivery was found to have massive swelling at right inguinoscrotal region with discoloration of the overlying skin of right hemi scrotum right from birth (Fig 1).



Figure 1: Irreducible hernia at birth.

In spite of the presence of a tense, irreducible hernia, he didn't have any features of intestinal obstruction. Antenatal ultrasound done at 3 different occasions during pregnancy had shown no abnormality in fetus. After failure of attempts at reduction, the neonate underwent inguinal

exploration at five hours of age that revealed ileal loops, caecum and appendix in the scrotum; there was an abnormal band arising from distal ileal mesentery attached with the tunica vaginalis of right testis. The band once excised, the hernia contents could be easily reduced. The postoperative course remained uneventful.

Although difficult to explain the findings, it is speculated that during transabdominal migration of the testis (8 to 15 weeks of gestation the time when small bowel returns back to the abdominal cavity from the yolk stalk), the small bowel mesentery got attached to the developing right testis which on descent into the scrotum may have dragged the small bowel mesentery along with it. Our case clinically was indistinguishable from a meconium hydrocele, [1,2] though there was no intra-scrotal calcification.

**Consent:** Author has submitted signed consent form from legal guardian of the patient and available with editorial office.

#### REFERENCES

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