Inguinal Hernia - Ovary
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History
2 month old former 32 week old premature female with inguinal mass.

Diagnosis
Inguinal Hernia-Ovary

Discussion
The ovaries descend from the urogenital ridge into the pelvis but do not leave the abdominal cavity. The upper portion of the gubernaculum becomes the ovarian ligament, and the lower portion becomes the round ligament, which travels through the inguinal ring into the labium majus. If the processus vaginalis remains patent, it extends into the labium majus and is known as the canal of Nuck.

The processus vaginalis normally closes by birth; patency is more common in boys and premature infants. The precise cause of the obliteration of the processus vaginalis is unknown, but some studies indicate that calcitonin gene-related peptide (CGRP), released from the genitofemoral nerve, may have a role in the closure.

When luminal obliteration fails to occur, abdominal contents may herniate. Even when the processus vaginalis is patent, the internal ring may be adequately covered by the internal oblique and transverse abdominal muscles, preventing herniation of abdominal contents or peritoneal fluid. Although hernias usually regress spontaneously, ovarian hernias are less likely to resolve and are more prone to incarceration.

Findings
US-Ovary with several small follicles is present in the left inguinal canal. The peritoneal communication can be seen on gray scale images and is confirmed on Doppler.

Reference

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