



BRIEF REPORT

## Endometriosis presenting in hernia sacs. Report of two cases and review of the literature



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### KEYWORDS

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Hernia sac;  
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**Abstract** Endometriosis in a hernia sac is rare. We present two cases diagnosed subsequent to inguinal hernia repair surgery. A review of the 17 reported cases including the present cases revealed that endometriosis was more commonly found in right inguinal hernias and the mean age of presentation was 38.6 years. The average size of the hernia sacs was 5.4 cm. In 23% of the patients hernial endometriosis was associated with pelvic endometriosis. 37.5% of the women were nulliparous. The incidence of endometriosis in adult hernia sacs in our material is 0.256% (0.784% in women). It is usually an incidental finding but surgeons and pathologists should be aware of this diagnostic possibility so that it can be adequately treated.

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### PALABRAS CLAVE

Endometriosis;  
Saco herniario;  
Hernia inguinal

**Endometriosis descubierta en sacos herniarios. Comunicación de dos casos y revisión de la literatura**

**Resumen** La endometriosis del saco herniario es un proceso raramente observado. Presentamos dos casos diagnosticados tras herniorrafia. Una revisión de la literatura de los 17 casos publicados, incluyendo nuestros dos casos, reveló que la endometriosis es más común en las hernias inguinales derechas. La edad media de las pacientes fue de 38,6 años y el tamaño medio de los sacos herniarios de 5,4 cm. En el 23% de las pacientes la endometriosis herniaria se asoció a endometriosis pélvica. El 37,5% de las mujeres eran nulíparas. La incidencia de endometriosis en los sacos herniarios de pacientes adultos en nuestro material es 0,256% (0,784% en mujeres). La endometriosis en saco herniario se suele tratar por el cirujano general y a menudo se diagnostica incidentalmente. Los cirujanos y los patólogos deberían ser conscientes de este proceso para el diagnóstico y el tratamiento adecuado.

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## Introduction

Endometriosis is the term used for the presence of functional endometrial tissue outside the uterine cavity. It occurs in 5–10% of women of reproductive age. Endometriosis can involve nearly every organ. However, it most commonly occurs primarily on the pelvic peritoneum and ovaries. Less common sites are laparotomy scars. No cases of this process have been described in the heart.

On the other hand, endometriosis presenting in a hernia sac is rare. As far as we are aware, only 15 cases have been reported in that location.<sup>1–14</sup> We describe herein two new cases and review the literature on the subject.

## Case reports

**Case 1.** A 37-year-old nullipara woman was referred to the Surgical Department for further examination of a right indirect inguinal hernia. The patient did not complain of abdominal pain or any other gastrointestinal symptoms, and she was in good general condition. Past medical history was significant for the diagnosis of right hydrosalpinx.

On admission, physical examination was normal except for a right, non-tender, inguinal mass, about 7 cm in diameter, which was mobile and reducible into the abdominal cavity. The mass extended to the homolateral labium majus.

Sonographic examination revealed the existence of a filling defect in the anterior abdominal wall at the right groin with a hernia sac that protruded through an orifice of 1 cm. The hernia sac showed a cranio-caudal extension of 7.2 cm. The interior of the sac showed free liquid, and it did not contain loops of bowel or omentum on standing or during the Valsalva maneuver.

The sac was resected and Lichtenstein hernia repair was performed. During the intervention it was observed that the hernia sac was filled with bloody fluid. The surgeon submitted the specimen under the suspicion of hernia sac endometriosis. Laparoscopy was not indicated because the patient was asymptomatic. The patient had an uneventful recovery and was discharged 5 h after surgery. Four months later she has no symptoms.

**Case 2.** A 42-year-old G3P2 woman was admitted to the Surgical Department complaining of a nontender mass in the right groin. The lump had gradually increased in size over years. This mass became larger on standing and would disappear on lying down. Past medical history was significant for a mucinous cystadenoma of the left ovary removed 15 years before. On admission, general examination was normal except for a 6-cm mass, over the right inguinal ligament, of soft consistency, and reducible. Sonography confirmed the existence of a right inguinal hernia measuring 5.7 × 2.5 cm. The patient was programmed for inguinal hernioplasty.

Lichtenstein hernioplasty was performed using polypropylene graft. Laparoscopy to investigate pelvic endometriosis was not indicated. The postoperative course was normal and she was discharged 4 h after surgery. The patient is asymptomatic and well four years after operation.

Both surgical specimens comprised indurated fibrofatty pieces of tissue, measuring 4 cm × 2 cm × 1 cm and 4.6 cm × 2.8 cm × 2 cm, respectively, and were identified as hernia sacs. In the center of the lesion of case 1 an extensive



**Figure 1** Gross appearance of a fibrofatty inguinal hernia sac showing an extensive hemorrhagic area on the internal (peritoneal) side (from case 1).

hemorrhagic area was observed (Fig. 1). Microscopic sections showed fibrofatty tissue lined by mesothelial cells. The dense fibrous tissue was infiltrated by nests of endometrial-type of tissue characterized by proliferative or inactive glandular epithelium and thin cuffs of periglandular dense endometriotic stroma (Fig. 2). Some glands were dilated and occasionally showed tubal metaplasia. No nuclear atypia was present. The periglandular stroma showed strong immunoreactivity for CD10. Scattered foci of pigmented histiocytes (hemosiderin-laden macrophages) and groups of lymphocytes in the subserosa layer were present. The mesothelium showed diffuse simple hyperplasia with areas of papillary hyperplasia in case 1. These mesothelial cells were reactive for calretinin and cytokeratin 5/6. The hemorrhagic content of the case 1 sac was partially organized.

## Discussion

Endometriosis is an estrogen dependent inflammatory gynecological disorder. Thus, it occurs almost exclusively in women of reproductive age, most often in the third and fourth decades. In many cases this condition is asymptomatic. However, the commonest presenting symptoms are cyclical pain and bleeding in the affected site.

Our two cases were obtained after a retrospective review for all surgical specimens from adults submitted as "hernia sac" between January 16, 2009 and June 16, 2013. In this period a total of 782 inguinal hernia sacs were sent for histopathologic examination, and 255 of these were from women. Thus, the incidence of endometriosis in adult hernia sacs in our material is 0.256% (0.784% in women). Wang

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