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## Laparoscopic repair of a bilateral internal inguinal hernia with supravescical hernia – a case report

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## ABSTRACT

**INTRODUCTION:** Supravescical hernia is an exceptional subtype of internal inguinal hernia, and it is located between the median umbilical ligament and the medial umbilical ligament. The hernia is classified as two types: internal supravescical hernia and external supravescical hernia.

**PRESENTATION OF CASE:** Herein we report a rare case of external supravescical hernia successfully treated by laparoscopic procedure. The patient who complained right inguinal protrusion and mild frequent urination was diagnosed as right inguinal hernia and potential of left inguinal hernia using computed tomography. He underwent laparoscopic bilateral hernia repair, and intraoperative findings revealed right external supravescical hernia and left internal inguinal hernia.

**DISCUSSION:** Laparoscopic hernia repair may make it possible to avoid overlooking of internal hernia such as supravescical hernia. Moreover it was possible to cover the hernia orifice and dissected layer of the dorsal site of urine bladder using bilateral approach in the current case.

**CONCLUSION:** In conclusions, laparoscopic hernia repair might be a surgical option for supravescical hernia.

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## 1. Introduction

Supravescical hernia is an exceptional subtype of internal inguinal hernia [1–3]. Supravescical hernia is located between the median umbilical ligament and the medial umbilical ligament, and it is classified as two types: internal supravescical hernia and external supravescical hernia. Herein we report a case of external supravescical hernia successfully treated by laparoscopic procedure.

## 2. Case presentation

A 72-year-old man consulted our department with complaints of right inguinal protrusion and mild frequent urination. Laboratory data showed no appreciable abnormality of biochemical test. Abdominal computed tomography (CT) demonstrated marked and mild protrusion of peritoneum at right and left inguinal region, respectively (Fig. 1). Therefore, the patient was diagnosed with bilateral inguinal hernia. After informed consent was obtained, laparoscopic bilateral hernia repair was carried out in our department.



**Fig. 1.** Preoperative computed tomography showed suspicion of bilateral inguinal hernia.

Under general anesthesia, laparoscopic inguinal hernia repair was performed with a 12 mm trocar at navel and two 5 mm trocar at bilateral abdominal flank. Intraoperative findings showed that a marked protrusion of peritoneum at the medial of inferior epigastric vessels at the right inguinal region. It was also identified that a mild protrusion of peritoneum at the medial of inferior epigastric vessels at the left inguinal region (Fig. 2). The findings

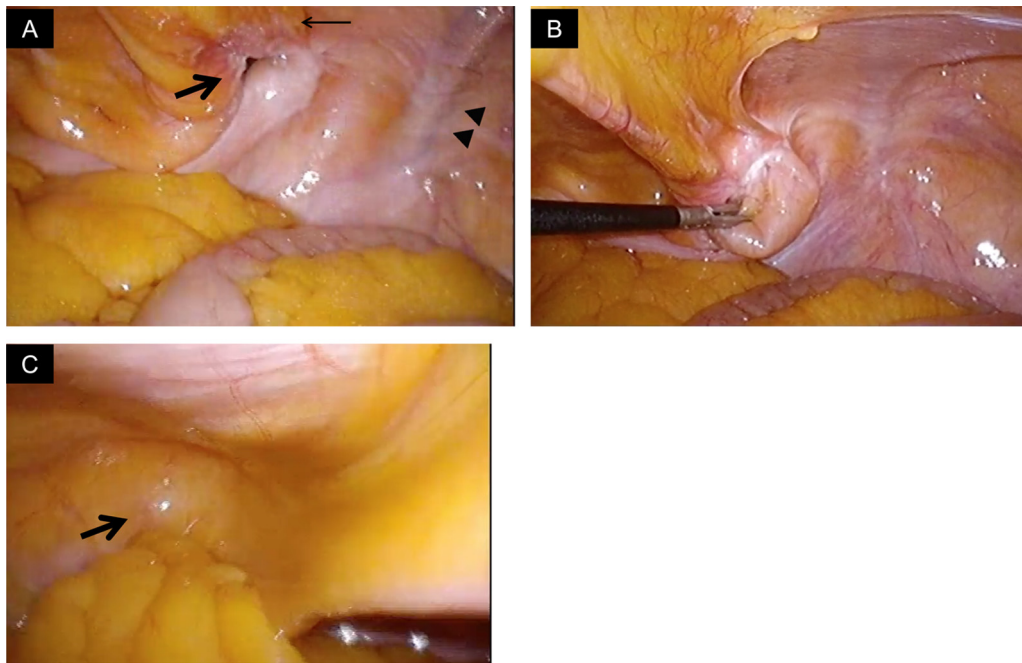
*Abbreviations:* CT, computed tomography; TAPP, transabdominal preperitoneal patch plasty; TEP, total extraperitoneal patch plasty.

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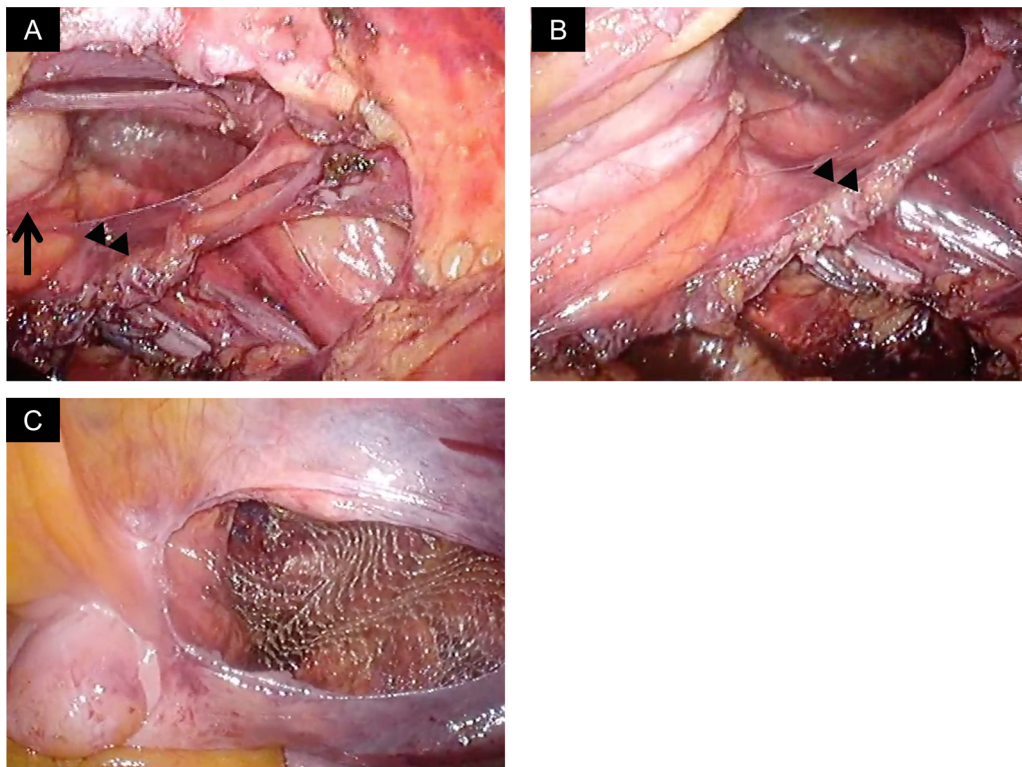
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**Fig. 2.** Right hernia orifice was located on the medial umbilical ligament (thick arrow, hernia orifice; thin arrow, medial umbilical ligament; arrowhead, inferior epigastric vessels) (A, B), and a mild protrusion of peritoneum at the medial of inferior epigastric vessels at the left inguinal region (arrow, hernia orifice of the left side) (C).



**Fig. 3.** Intraoperative findings of the dissection of right inguinal hernia. Dissection layer of the right one reached the dorsal site of urine bladder (arrow, urine bladder; arrowhead, Cooper ligament) (A, B). A covering material of a mesh was put on the hernia orifice (C).

revealed the bilateral internal inguinal hernia. Especially as for the right-side hernia, the marked one, the hernia orifice was located on the medial umbilical ligament (Fig. 2). The left hernia orifice was located on the left-side medial inguinal fossa. Therefore, the patient was diagnosed as bilateral internal inguinal hernias with a right-side supravesical hernia. Firstly, repair for the right inguinal hernia with a right-side supravesical hernia was started. The right-

side peritoneal dissection of hernia orifice was performed toward the dorsal site of urine bladder (Fig. 3), and a mesh (Bard® 3D Max Light, M size) was put on the dissected space (Fig. 3). Secondly, repair for the right inguinal hernia was carried out. During dissection of the right inguinal hernia, the dissected layer of the dorsal site of urine bladder was connected with the right one (Fig. 4). Similarly, a mesh was put on the dissected space of the left side. Finally, peri-

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