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CLINICAL CASE

Round ligament cyst simulating incarcerated inguinal hernia. Report of a case ☆



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KEYWORDS

Cyst;
Round ligament;
Inguinal hernia

Abstract

Background: Round ligament cysts are rare lesions, often diagnosed as irreducible inguinal hernias. Most patients are in the third to fourth decade of life, but they can occur in younger patients. They are usually clinically asymptomatic or tend to produce subtle symptoms such as pain, discomfort, or a feeling of heaviness, and swelling. Cysts should not be resized with the Valsalva manoeuvre. Ultrasound is the diagnostic method of choice. The definitive diagnosis is made during surgery, and confirmed by pathological examination.

Objective: To present a case of round ligament cyst, initially diagnosed as an incarcerated inguinal hernia, and a review of the literature.

Clinical case: A 19 year-old female, who was admitted to the emergency department due to her current condition of 5 days of onset. She had an increased volume in right inguinal region that increased with physical exertion, throbbing pain, and nausea without vomiting. A right inguinal mass of approximately of 6 cm in diameter was found, which was painful on mid-superficial palpation, reaching a pre-surgical diagnosis of incarcerated right inguinal hernia with an indication of surgical intervention.

Conclusion: Round ligament cysts are a rare pathology, often confused with incarcerated inguinal hernias. Although ultrasound is the study of choice, the final diagnosis is usually made during surgery and confirmed by histopathology.

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PALABRAS CLAVE

Quiste;
Ligamento redondo;
Hernia inguinal

Quiste de ligamento redondo que simula hernia inguinal encarcelada. Reporte de un caso**Resumen**

Antecedentes: Los quistes de ligamento redondo son lesiones raras, frecuentemente diagnosticados como hernias inguinales irreductibles. La mayoría de los pacientes están entre la tercera y la cuarta décadas de la vida, aunque pueden presentarse en pacientes más jóvenes. Clínicamente son, en general, asintomáticos o tienden a producir síntomas sutiles tales como dolor, molestia o sensación de pesantez y abultamiento. Los quistes no deben cambiar de tamaño con la maniobra de Valsalva. El ultrasonido es la modalidad de elección diagnóstica. El diagnóstico definitivo se realiza durante la cirugía y se confirma con el examen anatomopatológico.

Objetivo: Presentamos el caso de un quiste de ligamento redondo diagnosticado inicialmente como una hernia inguinal encarcelada, así como la revisión de la literatura.

Caso clínico: Paciente femenina de 19 años, quien ingresa al Servicio de Urgencias por padecimiento de 5 días de evolución, con aumento de volumen en región inguinal derecha ante el esfuerzo físico, dolor punzante, náuseas sin llegar al vómito. A la exploración se encontró una masa inguinal derecha de aproximadamente 6 cm de diámetro, dolorosa a la palpación medio-superficial, que se integró al diagnóstico quirúrgico de hernia inguinal derecha encarcelada, por lo que se decidió su intervención quirúrgica.

Conclusión: Los quistes de ligamento redondo son una enfermedad rara, frecuentemente confundidos con hernias inguinales encarceladas. El ultrasonido es el estudio de elección. Generalmente se llega al diagnóstico definitivo durante la cirugía y se confirma por el estudio de anatomía patológica.

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Background

Round ligament cysts, also known as Teres ligament cysts of the uterus are rare lesions, about which only 10 cases¹ have been reported in the literature in English, between 1980 and 2013.

Round ligament cysts of the uterus are generally misdiagnosed as inguinal hernias, are accidentally detected during examination of the groin during the perioperative period and are often associated with minor inguinal hernias which are clinically insignificant in 30%–50% of cases.^{1–3} Most patients are in the third to fourth decade of life, but they can occur in younger patients.¹ The round ligament of the uterus begins in both uterine horns, which project from the pelvis through the deep inguinal ring, passing through the inguinal canal and continuing up to the labia majora.^{3,4}

During the 7th week of gestation, the foetal inguinal fold is differentiated from the gubernaculum, which descends from the lower end of the gonads, to the protuberances forming the round ligament.¹

Embryologically it is the female equivalent of the testes gubernacula in the male,⁵ which is primarily composed of smooth muscle fibres, connecting tissue, blood vessels and nerves with a mesothelial coating.³

Two theories regarding the pathogenesis have been described and it is believed that they form during the embryology of the round ligament and the histological appearance of the lesions. The first theory is based on the defective obliteration of the Nuck canal.^{1,3,4} In 1691 the Dutch anatomist Nuck described for the first time a minor

outpouching of the vaginal peritoneum which accompanied the round ligament in women through the inguinal ring, which was later called the canal of Nuck. This outpouching regularly disappears during the first 8 months of gestation and, when it persists, may give rise to the appearance of inguinal hernias or Nuck canal cysts (if there is any passing of peritoneal fluid).² Closure usually occurs during the first year of life. Depending on the extent of the fault, cysts may form at any point throughout the round ligament. According to this theory, a mesothelial cyst is the same medical condition as a Nuck canal cyst.⁶

The second theory attributes the formation of cysts to the inclusion of embryonic mesenchymal and mesothelial elements or the remains of these, during the development of the round ligament.^{1,3,4} Several minor mesothelial cystic inclusions inside the round ligament were reported in support of this theory.¹

Objective

We present the case of a round ligament cyst, initially diagnosed as an incarcerated inguinal hernia, and a review of the literature.

Clinical case

A female patient aged 19, who presented at the emergency department of our hospital for consultation regarding the diagnosis of an incarcerated right inguinal hernia.

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