

INGUINAL HERNIAS, HYDROCOELE

Both are due to a patent processus vaginalis peritonei. The patent communication in the hydrocoele is smaller and so sac contains only fluid. The hernial sac can contain bowel, omentum or ovaries.

INGUINAL HERNIA

- Incidence – 0.8%-4.4% in children, but 16-25% in premature babies
Boys:girls = 6 : 1
- Site: 60% right side but 10% may be bilateral

Table 1. Presentation

- bulge in groin – extends into scrotum when crying/straining. Reducible.
- with complications
- lump in groin (girls) – sliding hernia containing ovary (rule out testicular feminization syndrome if bilateral)

Table 2. Complications

- incarceration/ irreducibility
 - highest incidence (2/3) < age 1 year
- testicular atrophy
- torsion of ovary

Management

- hernia: operate as soon as possible
 - premature: before discharge (corrected age-44 to 60 week)
 - infant: as soon as possible
 - older child: on waiting list
- operation: herniotomy

Incarcerated hernia

- attempt manual reduction as soon as possible to relieve compression on the testicular vessels. The child is rehydrated and then given intravenous analgesic with sedation. Constant gentle manual pressure is applied in the direction of the inguinal canal to reduce the hernia. The sedated child can also be placed in a Trendelenburg position for an hour to see if the hernia will reduce spontaneously.
- herniotomy is performed 24 to 48 hours later

HYDROCOELE

- usually present since birth. May be communicating or encysted
- is typically a soft bluish swelling which is not reducible but may fluctuate in size

Management

- the patent processus closes spontaneously within the first year of life, in most children
- if the hydrocoele does not resolve after the age of 2 years, herniotomy with drain age of hydrocoele is done