

CONTINUING MEDICAL EDUCATION ΣΥΝΕΧΙΖΟΜΕΝΗ ΙΑΤΡΙΚΗ ΕΚΠΑΙΔΕΥΣΗ

Pediatric Radiology Quiz – Case 12

A 30 days, full-term born female infant, presented to the Emergency Department of our hospital. Her parents noticed that the baby after its birth had a palpable, nontender soft tissue mass in her right labia majora. The mass was non fluctuant and reducible at the beginning; however, at the time of her admission, it was not reducible. Pediatric surgeons requested an ultrasound (US) of lower pelvis and inguinal regions. US revealed an echogenic mass in right inguinal region that contained a circumscribed cystic structure (fig. 1). Color Doppler US showed arterial vessel towards this structure, with a small amount of vessel flow (fig. 2). The cystic structure was not reducible with clinical maneuvers. Surgical exploration verified the ultrasound diagnosis.

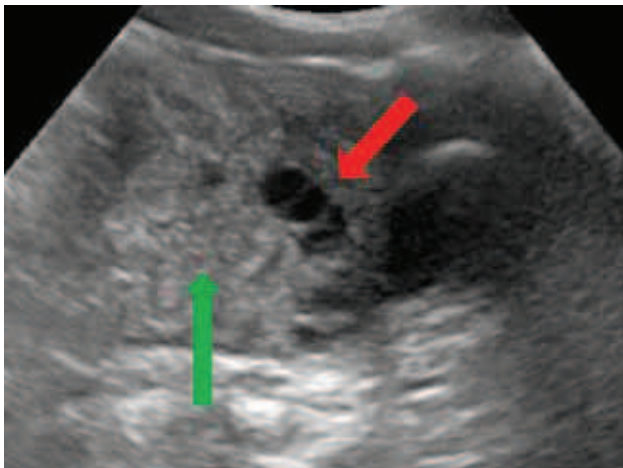


Figure 1. Ultrasound of right inguinal region showing an echogenic mass (green arrow) containing a cystic structure (red arrow) with morphological characteristics similar to an ovary.

Comment

Ovary-containing hernias are usually observed in premature female infants. Inguinal hernias may regress spontaneously, although this is less likely to occur when they contain the ovary (in contrast with a bowel-containing hernia); thus, the risk of incarceration is increased. Ultrasound is the best first line imaging method in case of a soft tissue inguinal mass, since it provides the radiologist the ability to identify the ovarian morphological characteristics of such mass, to check its vascularity in terms of ovarian strangulation; furthermore, it is an excellent tool to imagine the uterus and ovaries in lower pelvis.

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T.N. Spyridopoulos,¹
I. Alexandrou,²
E. Lavda,¹
M. Douka,¹
N. Evlogias¹

¹Department of Radiology, General Children's Hospital, Palea Penteli, Attiki
²Department of Pediatric Surgery, General Children's Hospital, Palea Penteli, Attiki, Greece



Figure 2. Color Doppler ultrasound (US) of right inguinal region showing arterial vessel towards the ovary with a small detectable amount of vessel flow at its periphery.

References

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Corresponding author:

T.N. Spyridopoulos, Department of Radiology, General Children's Hospital, Palea Penteli, Attiki, Greece
e-mail: thspyrid@med.uoa.gr

Diagnosis: Right ovary-containing hernia