

## Hydrocele of a femoral hernia in a young woman

We wish to report on a 28-year-old Sudanese woman who presented with a swelling in the left groin (Fig. 1). The swelling had been present for a few months and was slowly increasing in size. It had previously been partially reducible, but was now irreducible. The patient was a fit young woman, with full flanks, a large spleen and moderate ascites. The large, irreducible left groin cystic mass transilluminated. A clinical diagnosis of hydrocele of a femoral hernia was made.

Features of hypersplenism were present (platelet count  $60 \times 10^9/l$ , white cell count  $3 \times 10^9/l$ , haemoglobin concentration 9 g/l). Liver function tests showed raised bilirubin (40  $\mu\text{mol/l}$ ), low total protein (60 g/l), low albumin (28 g/l) and a normal international normalised ratio. An abdominal ultrasound scan confirmed moderate ascites and a large spleen, and there were no oesophageal varices on endoscopy. At

operation a true hydrocele of a femoral hernia was identified. The neck of the sac was dissected and found to communicate with the abdominal cavity below the inguinal ligament. A formal repair of the femoral hernia was done.

Hydroceles are extremely uncommon in females, the most commonly described one being that of the canal of Nuck.<sup>1</sup> Very few cases of true femoral hydrocele have been recorded in the literature. Bailey reported the first case in 1927. His case was very similar to ours in that the patient developed ascites that caused the sac of the hernia to become filled with fluid.<sup>2</sup> In 1934 Rives<sup>3</sup> reported 2 cases of true femoral hydrocele with no evidence of ascites, and the hydrocele was regarded as primary; McCorkle and Bell<sup>4</sup> reported 3 cases in 1941.

Femoral hydrocele is a rare condition, with only 5 previously reported cases. The hydrocele can be primary, or secondary to the presence of ascites. Surgical excision with repair of the femoral hernia is the treatment of choice.

**A. A. A. Abdellah**

*Khartoum University  
Sudan*

**A. M. Musa**

*Omdurman Islamic University  
Sudan*

**O. H. Bashier**

*Kasala University  
Sudan*

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**Fig. 1. Front view of the patient's left groin showing the giant femoral hydrocele.**