

## News Letter

# Ureteroinguinal Hernia: Key Points

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## NEWS LETTER

An asymptomatic inguinal hernia in a 72 year-old male was found on computed tomography of the abdomen and pelvis to contain the right ureter, and this was causing moderate hydronephrosis. The patient elected to undergo inguinal hernia repair, and a Lichtenstein repair with mesh was performed.

Ureteroinguinal hernias come in two varieties: paraperitoneal and extraperitoneal. The paraperitoneal type is more common; here, the ureter is involved as part of the hernia sac wall. The paraperitoneal type is therefore a sliding hernia. In contradistinction, extraperitoneal ureteroinguinal hernias do not involve a hernia sac and are thought to be the result of an

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embryologic anomaly whereby the ureteric bud fails to separate from the Wolffian duct as it descends to form the epididymis and testis.

In either type of ureteroinguinal hernia, obstructive uropathy and urological symptoms are variably present, regardless of the length of ureter involved. Repair of ureteroinguinal hernias may involve simple reduction of the ureter with the hernia sac during open repair, or it may require resection of the redundant ureter with primary anastomosis or ureteroneocystectomy.