An 83-year-old male patient with a medical history of benign prostate hyperplasia was admitted with left inguinoscrotal pain and swelling. Physical exam revealed a large left-sided irreducible inguinoscrotal hernia (ISH). A non-contrast abdominopelvic computer tomography showed a left hydroureteronephrosis with a dilated ureter included in a paraperitoneal ISH associated with left nephroptosis. Renal function was normal, with a creatinine level of 0.92mg/dl.

Subsequent surgical repair by hernioplasty with a synthetic mesh placement was performed in a multidisciplinary approach. Intraoperatively, we found a large paraperitoneal ureteral ISH with dilated gonadal vessels. Patient was discharged after 3 days without complications. The patient is free of symptoms after 3 months of follow-up and the IVU showed hydroureteronephrosis resolution.

Inguinoscrotal herniation (ISH) of the ureter is extremely rare, even more on native kidneys (1). ISH is common in 50-60 years old men and frequently associated with pelvic kidney (2). We can find both paraperitoneal (80%) and extraperitoneal presentation (20%) (3). Paraperitoneal type has a peritoneal indirect sac that pulls the ureter through the defect, forming part of the hernia wall, due to a layer of posterior peritoneum. Extraperitoneal type is characterized by containing no peritoneal sac and the ureter is involved alone or with retroperitoneal fat (3).
This condition usually has an asymptomatic course unless ureteral obstruction causes pain, infections or renal dysfunction (1, 3), signs that indicate ISH should be considered. Computed tomography scan helps to delineate the course of the ureter (3). Treatment modalities consist of surgical repair (1-3).

**CONFLICTS OF INTEREST**

None declared

**REFERENCES**


**Correspondence address:**
Isabel Senra Bravo, MD
Hospital Universitario Del Henares
Av. Da Marie Curie s.n. 28820
Coslada, Madrid, Spain
Telephone: +034 911 912-111
E-mail: isabel.senra4@gmail.com

**Submitted for publication:**
March 25, 2019

**Accepted after revision:**
August 11, 2019

**Published as Ahead of Print:**
October 30, 2019