

# INGUINOSCROTAL DISORDERS

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Undifferentiated gonads, influenced by the Y chromosome, develop into testes in the posterior abdominal urogenital ridges. An abdominal phase in testicular descent involves migration towards the internal ring guided by the gubernaculum. Descent into the scrotum requires fetal testicular testosterone. The peritoneum preceding the testis through the inguinal canal becomes the processus vaginalis, which usually obliterates after birth; failure of obliteration leads to an indirect inguinal hernia or hydrocele ( Figure 17.2 ). Claudius Amyand , 1660–1740, French surgeon who performed the first successful appendectomy in 1735. He was first Principal Surgeon to the Westminster Hospital, and founder and first Principal Surgeon to St George's Hospital in London. Johann Frederick Meckel (the Younger) , 1781–1833, Professor of Anatomy and Surgery Alexis Littre , 1654–1726, surgeon and lecturer in anatomy , Paris, France, described Meckel's diverticulum in a hernial sac in 1700, 81 years before Meckel was born. Antonio Scarpa , 1752–1832, Italian anatomist and pupil of Morgagni. Inguinal hernias occur in 4% of infants with prematurity , low birth weight and male sex being risk factors (M:F 6:1). Inguinal hernias are twice as common on the right side as on the left, with 10% occurring bilaterally . The hernia may contain omentum, intestine, appendix (Amyand's) or a Meckel's diverticulum (Littre's). An ovary can prolapse and twist in a girl, requiring emergency exploration. Prolapsed ovaries, therefore, need prompt repair. Rarely in phenotypic girls, a testicle is found, suggesting androgen insensitivity (see Chapter 20 ). An inguinal hernia presents as an intermittent bulge in the groin extending to the scrotum ( Figure 17.3 ) or labia, often exacerbated by crying or straining. Most reduce on lying down or with gentle manipulation. A thickened cord in boys, or round ligament in girls, may be all that is palpable. Reducible inguinal hernias are repaired electively . If the herniated contents become firm, tender and irreducible, there may be oedema and erythema, irritability , vomiting and the passage of some rectal blood. An attempt to reduce an incarceration with sustained gentle pressure may be successful; if unsuccessful, emergency exploration, reduction and repair are required.

(a) (b) Thinly patent Bowel track Figure 17.2 (a) Inguinal hernia and (b) hydrocele in children are the result of incomplete obliteration of the processus vaginalis.

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