

### 2020 UNTHSC Conclave Resident Poster Session Form

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\*Please be sure to include all relevant information and titles of all associated participants

**Main Contact:**

**Position:**  Resident       Faculty       Administrator/Coordinator

**Catagory:**  Clinical Research       Educational Research       Case Report

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*Include main contact email to receive information about Conclave and the Poster session*

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#### 2. On the Next Page:

Fill in all of the information for your abstract on the following page.

**This abstract will be published in the proceedings**

This abstract will be provided to the judges a week before the poster session. Judges will ask you questions about your research.

Please keep the font at 10 Calibri

There is not a maximum or minimum word count, however, **your abstract is limited to one page.**

Poster information will follow when an abstract submission is accepted

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**Inguinal Fallopian Tube Hernia Causing Chronic Lower Abdominal and Pelvic Pain in a Reproductive Aged Woman**

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**BACKGROUND/INTRODUCTION:**

Inguinal hernias are particularly rare in adult women of reproductive age, with a male to female ratio of 20:1. When inguinal hernias are discovered in women, these cases most commonly present in the perimenopausal or postmenopausal state, typically with acute pelvic and/or abdominal signs and symptoms. While most often omentum and intestines are found in these hernias, susceptible structures such as ovaries and fallopian tubes may become entrapped and are at major risk of enduring irreversible damage. Considering and evaluating these hernias should be done urgently because of the high potential of incarceration, strangulation, and necrosis of organs and nearby tissue. Despite its rare incidence, the diagnosis of inguinal hernia should be considered and ruled out as the cause of either acute or chronic abdominal-pelvic pain in adult women of reproductive age due to the risk of infarction and prospective permanent fertility injury.

**METHODOLOGY:**

A 19-year-old G0P0 woman presented to the OBGYN outpatient clinic for the evaluation of progressively worsening sharp pelvic pain in the left lower quadrant over a course of two years. She remained symptomatic despite a thorough workup which included a trial with anti-inflammatories, steroid injections, an inconclusive MRI, a negative pelvic vaginal ultrasound, lab work, and uroflometry test. Due to the increased likelihood of additional suspected pelvic pathology, an exploratory laparoscopy was performed which demonstrated a left inguinal fallopian tube hernia. A general surgeon was consulted and assisted in the hernia repair after the fallopian tube was released.

**RESULTS:**

Recognition and high suspicion for pelvic pathology enabled the patient to be appropriately diagnosed with and treated for a left inguinal fallopian tube hernia, resolving her left lower quadrant pelvic pain.

**CONCLUSION/DISCUSSION:**

The occurrence of a normal fallopian tube within an indirect inguinal hernia is a rarity and a diagnosis of exclusion, especially in premenopausal adult women of reproductive age. However fallopian tube hernias must be recognized as a cause of generalized chronic pelvic-abdominal pain with normal lab workup, even those without defect in the genital tract development or other risk factors, as in this patient. Due to possible incarceration and strangulation, prompt surgical intervention and medical management is of vital importance. To safely ensure fertility function in young females, presentation of acute or chronic abdominal and/or pelvic pain may require a team approach including gynecologists and general surgeons while considering a gynecologic etiology.

**REFERENCES:**

1. Kark AE, Kurzer M. Groin hernias in women. *Hernia*. 2008 Jun; 12(3):267–70.
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4. Ueda J, et al. Right Inguinal Hernia Encompassing the Uterus, Right Ovary and Fallopian Tube in an Elderly Female: Case Report. *J Nippon Med Sch*. 2016; 83(2):93–6.

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