

## Bladder Ear- A Rare Case of Extraperitoneal Herniation of the Urinary Bladder.

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**Abstract:** A bladder ear, also called a transitory extra peritoneal bladder hernia. It is rare and occurs in 1% to 3% of all inguinal hernias. It is commonly seen in infants, predominantly in males. It is a transient lateral protrusion of the bladder into the inguinal canal where the urinary bladder is located in the abdomen, close to the internal inguinal ring sometimes through the femoral ring. Most of the time it is asymptomatic found incidentally during cystourethrography, intravenous pyelography or during operative procedures.

**Keywords:** Bladder ear, hutch diverticula

### I. Case Report

A 6 year old boy presented with a complain of on and off fever, burning micturation & pain abdomen since 2 months. There is no past history of trauma, nephrolithiasis. On examination there is tenderness in lower abdomen. CBC, LFT, RFT & serum electrolytes are in normal limits.

Ultrasound showed normal size, shape, echotexture and CMD (Right: 7.2 x 3.8 cm, Left: 69 x 4.0 cm). urinary bladder is oval shaped.

RGU (Retrograde Urethrography) and MCU (Micturating Cystourethrography) revealed bilateral symmetrical protrusion and outpouching into the pelvis, there was no vesicourinary reflux and no significant post void residual.



Plain Film



Voiding cystourethrogram (VCUG) showing symmetrical protrusions of the urinary bladder bilaterally laterally into the pelvis “Bladder ears” anomaly which appears more prominent on straining



Lateral Film



Oblique Film

## **II. Discussion**

Congenital anomalies of the lower urinary tract are a significant cause of morbidity generally diagnosed in infancy or childhood.<sup>1</sup>

In infants, the bladder assumes a more abdominal position, which places it in close proximity to the internal inguinal ring. With growth, the pelvis becomes more developed, and the bladder assumes a more pelvic position. Radiological investigation like cystourethrography, intravenous pyelography, CT scan and MRI plays important role in diagnosis. Among the bladder anomalies, bladder diverticula are the commonest, and some of the uncommon ones are bladder ears, congenital hypoplasia of the bladder, bladder agenesis, duplication anomalies of the bladder, and bladder septa.<sup>2-8</sup>

There are three types of herniation of the bladder; extra peritoneal, paraperitoneal, and intraperitoneal, in which a more superior portion of the bladder carries its peritoneal covering into the inguinal ring. however bladder ears are lateral protrusions of the bladder through the internal inguinal ring and into the inguinal canal. Conservative treatment is required in most of the cases. surgical treatment is required in the case of obstruction, recurrent Urinary tract infection and vesicourinary reflex.

Treatment is required If secondary to bladder outlet obstruction, remove the obstruction, if congenital, they are removed surgically.<sup>6</sup>

### **III. Conclusion**

In majority of cases transitory extra peritoneal bladder hernia often go unrecognized, it can cause frequent recurrent UTI and stone formation. Accurate diagnosis can be readily established radiologically and/or with cystoscopy. Majority of cases required conservative treatment unless and until patient is very symptomatic. Surgical repair through an inguinal approach is the preferred treatment and can be performed under local anesthesia in patients at high risk for general anesthesia. Resection of bladder tissue is rarely indicated.

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