Inguinoscrotal swellings are one of the commonest anomalies in infancy and childhood throughout the world. Delay in diagnosis and treatment leads to loss of testis, ovaries or portion of bowel to incarceration or strangulation. Present study was undertaken to evaluate the age, sex and side wise distribution and the complications like incarceration, strangulation and gonadal infarction in childhood inguinal hernia. A total of 30 children were selected ranging in age from 6 months to 13 years presenting to the hospital with inguinoscrotal swelling which were examined, followed up and managed. The data were used to interpret results. The initial diagnosis was made from the history and clinical examination. The inguinal hernia was most common among male children 91.47%, then female. Right sided (60.21%) inguinal hernia was more common than left. The most common associated anomaly was hydrocele in (30.7%) and undescended testis. Mainstay of treatment of these swelling was surgical. Most of the swelling are asymptomatic; parents are usually the first person to notice these swelling. All cases of inguinal hernia have to be operated and procedure is Herniotomy.

Keywords: Inguinoscrotal swellings, testis, childhood, strangulation.
development of complications, such as inguinal hernia incarceration or strangulation.

**MATERIALS AND METHODS**

The present study was conducted in P.M.C.H. Patna in the year 2016 in the department of general surgery. A total of 30 children were selected for study, all children age ranged from 6 month to 13 years with inguinal hernia who attended surgical OPD and emergency were selected. Congenital inguinal hernia were diagnosed by talking detailed history from parents in the form of site , size, variability of size, history of non reducibility or any underlying straining for micturition or presence or absence of testis in scrotal sac, were collected in a prescribed Performa which contains history, clinical examination, investigation and management in one year time bound study. After obtaining the history children were examined systematically which includes examination of inguinal and groin region, scrotum and its contents. Respiratory system, cardiovascular system and per abdomen to know other associated congenital anomalies like undescended testis and other connective tissue disorder.

Children were subjected to routine investigations like Hb%,BT, CT and USG of inguinoscrotal region. Children with unilateral inguinal hernia underwent USG examination using a 7.5 MHz linear transducer. If a CPPV was visible as hydrocele owing to the inflow of physiologic ascites into a processes vaginals on straining, then US scanning were performed while the patient was at rest and while inducing straining by standing or crying. A groin with a hydrocele in the inguinal canal on straining was diagnosed as a CPPV and cases were followed for 1 year to know development of contralateral hernia. Ter proper evaluation of preoperative condition and appropriate preperation, surgery is considered. Surgery is decided by age. If the children <1 year af age , Mitchell banks operation is selected where in herniotomy done without opening the external oblique aponeurosis. If the children >1 year of age, Fergusson technique is selected where in herniotomy done after opening the external oblique aponeurosis, under suitable anesthia as decided by anesthesiologist.

All patients were asked to attend the surgical OPD for follow – ups.

**RESULTS**

The initial diagnosis was made from the history and clinical examination. The inguinal hernia was most common among male children (91.47%).Male to Female ratio was 14:3:1.Similar study was done by jabad ghorouibi in Pakistan and my result was comparable to his study [3].

The Children were aged 6 months to 13 years and (45.8%) of the children presented around 2 to 8 years and prematurity noticed in (10.40%) of cases. Right sided (60.21%) inguinal hernia was more common than left. In (93.4%) of the cases, hernia was diagnosed by the parents for the first time and (95.65%) of the swellings were asymptomatic in presentation with (4.35%) of patients having acute presentation.

The most common associated anomaly was hydrocele (32.10%) and undescended testis (4.28%), all of them had patent proximal processus vaginalis. This result was comparable with study of Carnelro PM Rwanyuma[2]. Mainsstay of treatment of these swelling was surgical. All operations were elective and the operations were performed under general anesthesia. In (60.55%) of cases herniotomy and in (6.34%) cases herniotomy with posterior wall repair (for direct hernia) was done. In all cases high ligation of hernia sac was performed. For female patients, the hernia sac was always widely opened and inspected for entrapment of ovary or other structures before twisting and ligating at its neck. In this study indirect hernia was (95.65%) and direct was (4.34%). The (4.34%) undescended testes were on the right side and in the superficial inguinal pouch.orchiopexy was done at the time of hernia repair and the testis was kept in the subdartos pouch. The most common abdominal organ found in the sac was small intestine followed by omentum.

**DISCUSSION**

One of most congenital anomaly observed by surgeon in children is inguinal hernia and hydrocele. It carries risk of loss of testis or gangrene of bowel due to strangulation, so it requires prompt diagnosis and early treatment. Prevalence of childhood hernia is more in male and on the right side. Congenital anomaly like undescended testis and hypospadias are sometimes found associated with inguinal hernia in children. Infants and children require general anesthia for operative repair of hernia and hydrocele. Post-operative complications are usually rare following elective operations. Surgery for childhood inguinal hernia is mainly herniotomy.

**CONCLUSION**

From our study we concluded that childhood inguinal hernia require prompt diagnosis and early treatment to save the further complication and threat to loss of testis. So any type of inguinal swelling in childhood must be given special attention and care.

**REFERENCES**