

Fig. 1. Ultrasonography showed a 6.0×4.0 cm oval mass characterized by a low echoic signal with spotty high echoes (*arrow*). The mass was located in the inguinal canal: Aponeurosis of the external oblique was shown to be a high linear echo (*arrow head*).

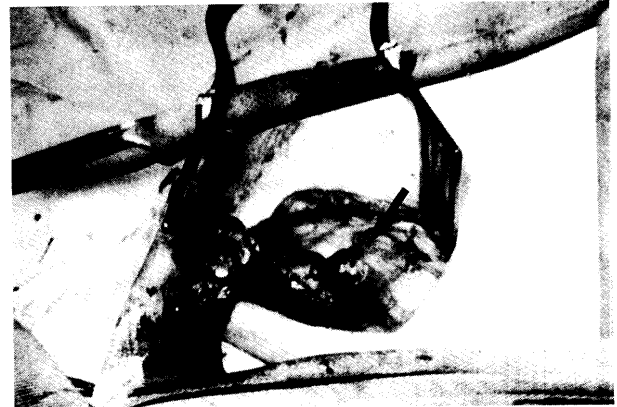


Fig. 2. Surgical findings. The collection of thrombosed veins was mainly located in the inguinal canal. The varicosities extended into the abdominal cavity via the deep inguinal ring (*arrow*).

and which should be differentially diagnosed preoperatively. A round ligament varicosity is an obstetric morbidity with an acute onset showing a tender and painful mass in the groin⁴⁻⁷. The morbidity is reported to become clinically evident in late pregnancy and early in the puerperium, the period when hypercoagulability associated with pregnancy reaches a peak. A round ligament varicosity shows a clinical picture mimicking an incarcerated inguinal hernia. Additionally, the morbidity is not necessarily associated with varicosities of the legs or labia. Therefore, it is occasionally misdiagnosed as irreducible inguinal hernia, which requires emergent surgery. Four cases of round ligament varicosities associated with pregnancy⁵⁻⁷ similar to ours have been reported, and are summarized in Table 1. In three of the five cases (including ours), surgery was urgently conducted for an irreducible hernia, suggesting that it is difficult to make a precise diagnosis. On the other hand, two cases that were diagnosed as round ligament varicosities were successfully managed with conservative care, which indicates that surgery can be avoided if the disease is preoperatively diagnosed. Cheng et al.⁷ have reported a case in which ultrasonic examination was helpful for a diagnosing round ligament varicosity and shown the outline of the sonographic features comprising blood flow signals around the thickened round ligament. Although conventional ultrasound scanning was conducted in the present case, there were no characteristic findings that facilitated a differential diagnosis. Color Doppler ultrasonography should have been recommended. In our case, the decision to select surgery was sufficiently justified because the varicosities were

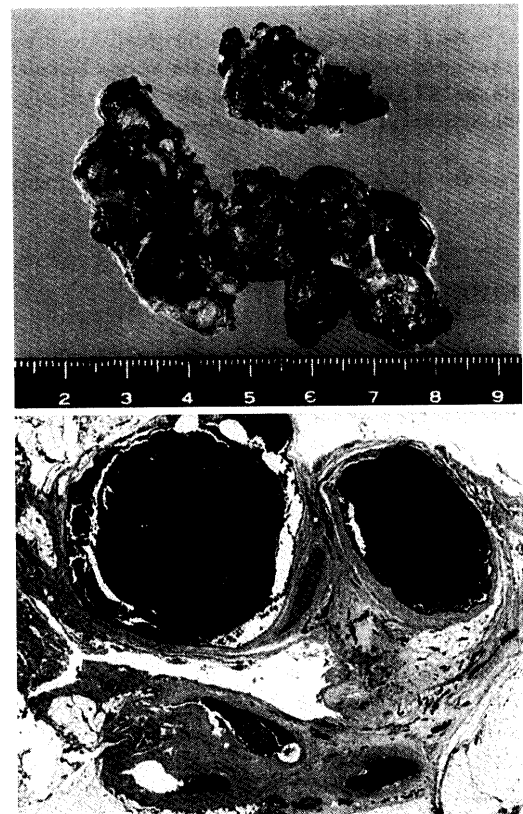


Fig. 3. The mass consisted of winding and extremely dilated veins filled with a clot of blood (*top*). Histological examination revealed that the thrombi were fresh and the dilated veins were associated with mild phlebitis. Hematoxylin-eosin; original magnification, $\times 4$ (*bottom*).

Table 1. Reported cases of round ligament varices associated with pregnancy

No.	Author ^{Ref}	Age (years)	Onset	Site	Size (cm)	Preoperative diagnosis	Diagnostic method	Treatment
1	Al-Qudah ⁵⁾	27	1st postpartum day	Left	2.5	Irreducible hernia	Physical examination	Emergency surgery
2	Al-Qudah ⁵⁾	29	3rd postpartum day	Left	2.0	Varicosity	Physical examination	Conservative treatment
3	Buxton et al. ⁶⁾	37	1st postpartum day	Right	3.0	Irreducible hernia	Physical examination	Emergency surgery
4	Chen et al. ⁷⁾	22	28th week of pregnancy	Left	3.0	Varicosity	Doppler US	Conservative treatment
5	Present case	33	3rd postpartum day	Left	6.0	Irreducible hernia	Physical examination	Emergency surgery

very painful and because we could not exclude the possibility of bowel incarceration. However, since surgery during pregnancy and puerperium carries the risk of fetal and maternal morbidity, unnecessary operations must be avoided. In conclusion, the present case should alert surgeons to consider a round ligament varicosity in the differential diagnosis of an irreducible inguinal hernia.

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