Inguinal hernia affects 3%–8% of the general population and accounts for 80%–83% of all hernias are located in the inguinal area. Approximately, 75%–85% of the patients are men. Herniation of the bladder into the inguinal canal is very rare, and the incidence is of 1%–3% among men over the age of fifty 50 years. Inguinal bladder herniation was first described by Lavine in 1951. There are three forms of bladder herniation, including para-peritoneal, intraperitoneal, and extraperitoneal. Most of the patients with inguinal hernias are asymptomatic and are diagnosed incidentally. The clinical presentations of the patients are dysuria, hematuria, urinary obstruction symptoms, and inguinal swelling. Imaging modalities are intravenous urography, cystography, ultrasonography, computed tomography, and magnetic resonance imaging. Cystography is the gold standard method for the diagnosis. A 72-year-old woman presented with micturition difficulty for one 1 year. The patients’ medical history was unremarkable. In addition, her laboratory results were within normal ranges and the body mass index of the patient was 24 kg/m². Urinary ultrasonography revealed a cystic lesion in the right inguinal area, suggesting bladder herniation. The magnetic resonance imaging confirmed the diagnosis as a bladder herniation. On consultation with a general surgeon and she was diagnosed with inguinal bladder hernia. Cystography confirmed the diagnosis (Figure 2). The patient was referred to the surgery. Direct intraperitoneal bladder hernia was detected, and the open inguinal hernia surgery operation was performed using a prolene mesh. The patient’s consent form was signed by the patient.