Inguinal hernia affects 3%–8% of the general population (approximately 75%–85% the patients being male), and accounts for 80%–83% of all hernias are located in the inguinal area.

Approximately, 75%–85% of the patients are men. Inguinal bladder herniation was first described by Lavine in 1951; the herniation of the bladder into the inguinal canal is very rare, with an incidence of 1%–3% among men aged over the age of fifty 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 are asymptomatic and diagnosed incidentally. The clinical presentations include dysuria, hematuria, urinary obstruction symptoms, and inguinal swelling. Most patients are asymptomatic and are diagnosed incidentally. The useful imaging modalities are intravenous urography, cystography, ultrasonography, computed tomography, and magnetic resonance imaging. Cystography is the gold standard diagnostic method for the diagnosis. A 72-year-old woman presented with micturition difficulty for one year, and an otherwise unremarkable medical history of the patient was unremarkable. In addition, another laboratory results were within normal ranges, and a body mass index of the patient was 24 kg/m². Urinary ultrasonography revealed a cystic lesion in the right inguinal area, suggesting bladder hernia. This was confirmed by magnetic resonance imaging confirming the lesion as 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 undergo surgery and signed a consent form. 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.