

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 and The herniation of the bladder into the inguinal canal is very rare, and the with an incidence is of 1%–3% among men aged 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 are asymptomatic and diagnosed incidentally. The its clinical presentations include of the patients are 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 1 year, and an otherwise unremarkable. The medical history of the patient was unremarkable. In addition, and her laboratory results were within normal ranges and B body mass index of the patient was 24 kg/m². The uUrinary ultrasonography revealed a cystic lesion in the right inguinal area, suggesting bladder hernia. The m. This was confirmed by magnetic resonance imaging confirmed the lesion as bladder herniation. On The patient was consulted consultation with a general surgeon and, she was diagnosed with inguinal bladder hernia. Cystography confirmed the diagnosis (Figure 2). The patient was referred recommended to the undergo surgery and signed a consent form. Direct intraperitoneal bladder hernia was detected detected, and the open inguinal hernia surgery operation was performed using a prolene mesh. The patient's consent form was signed by the patient.

Comment [A1]: In academic writing, information should be presented with accuracy and conciseness. In the given context, some text has been rearranged for brevity.

Comment [A2]: In academic writing, values must be presented with units wherever applicable to avoid any confusion.

Comment [A3]: The information in this section has been re-arranged for a better flow and of information on bladder herniation and the imaging modalities available for diagnosis.

Comment [A4]: Terms such as *in addition*, *furthermore*, *moreover*, *therefore*, and *however* are used as transition words to help in a better flow of ideas.