

Case Report

Amyand's Hernia: A Case Report

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Abstract: The presence of vermiform appendix in inguinal hernia is known as Amyand's hernia. It is rare. Hereby we are reporting a case of Amyand's hernia, in a male patient aged 40years. The appendix was found in a right inguinal hernia.

Keywords: Inguinal hernia, amyand's hernia, incidence, pre-operative diagnosis

INTRODUCTION

The chance of vermiform appendix lying within a hernial sac is 1% or less and is known as Amyand's hernia [1]. Inguinal hernia may display very unusual sac contents. Ovary, fallopian tube, urinary bladder, incarcerated bladder diverticula, large bowel diverticula with the form of diverticulitis or abscess, Meckel's diverticulum or foreign bodies have been rarely reported [2]. The presence of the appendix within an inguinal hernia is termed as Amyand's hernia. Claudius Amyand was first to describe presence of perforated appendix. He performed the first documented and successful appendectomy on a 11years old boy in 1775. He found perforated appendix verformis in hernia sac[3].

CASE REPORT

A 40 year old male presented with history of right groin swelling since 2 years which appeared on standing and coughing and disappeared spontaneously on lying down. There was no relevant pre-medical history. Vitals were stable. All routine investigations were within normal limits. USG of the abdomen was suggestive of right inguinal hernia. Patient was taken for surgery. Intra-operatively upon opening the hernial sac vermiform appendix was found as the content (Fig. 1). All contents were reduced and hernioplasty was performed. Post-operative period was uneventful. Patient was discharged after 3 days.



Fig. 1: vermiform appendix in hernial sac

DISCUSSION

A vermiform appendix in an inguinal hernia sac, with or without appendicitis, is called Amyand's hernia.

Amyand's hernia are mostly incidentally discovered during hernia repair. He finding of an non inflamed

appendix within an inguinal hernia is estimated to be found in 1% of all inguinal hernia repairs. Complicated cases associated with appendicitis are less common [4].

Inguinal hernia repair is one of the most common operations in surgical practice. Despite that, hernias often pose technical dilemmas, even for the experienced surgeon [5].

A preoperative computed tomography scanning of the abdomen could be helpful for diagnosis, but this is not a routine practice after the clinical suspicion of a complicated inguinal hernia [6]. In most of the reported series appendix was inflamed or incarcerated [7].

The incidence of having normal appendix within the hernia sac varies from 0.5% to 1%, whereas only 0.1% of all cases of appendicitis present in an inguinal hernia, underscoring the rarity of the condition [8]. The majority of the reported cases present with the features of an obstructed or strangulated inguinal hernia. Even acute appendicitis or perforation of the appendix within the sac simulates perforation of the intestine within the hernia, and does not have specific symptoms or signs. Due to these facts it is very difficult to reach a clinical diagnosis of Amyand's hernia pre-operatively [9].

The occurrences of herniated appendices is mostly reported in a right inguinal hernial sac, probably as a consequence of the normal anatomical position of the appendix and also because right sided inguinal hernias are more common than left sided hernias [10].

The presence or absence of inflammation of the appendix is a very important determinant of appropriate treatment. If inflammation of the organ and incipient necrosis are present, a transherniotomy appendectomy should be performed. The presence of pus or perforation of the organ is also an absolute contraindication to the placement of a mesh for hernia repair. Associated intra-abdominal abscesses, if present, may be dealt with either percutaneously or by open drainage [11].

CONCLUSION

We conclude that the presence of the appendix in an inguinal hernial sac, referred to as "Amyand's hernia", is an uncommon entity. Despite its rarity, the fact that the majority of such cases present as a complicated inguinal hernia, making preoperative

diagnosis difficult, demands that surgeons consider this condition in their differential diagnosis and so they are able to offer appropriate treatment.

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