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Original Research Paper

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A RARE PRESENTATION OF COMPLICATED AMYAND'S HERNIA ON THE LEFT SIDE: CASE REPORT

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ABSTRACT An inguinal hernia is a common condition affecting the elderly.5 Contents of a hernia usually contain omentum, may contain small or large bowel depending upon the side. Various uncommon contents have also been described. Here we present the case of one such inguinal hernia of left side which presented with signs of intestinal obstruction and on exploration was found to contain the appendix, cecum, and small intestine. Patient was then managed with the Bassini's repair and made an otherwise uneventful recovery.

KEYWORDS : Amyand's hernia, Case report

INTRODUCTION

A hernia is defined as an abnormal protrusion of an organ or tissue through an opening in the layer that normally confines it.[1] A inguinal hernia is a very common entity resulting from a variety of causes ranging from weakening of the abdominal musculature, increased intra-abdominal pressure from prostatomegaly, COPD, or other causes. An inguinal hernia can be both direct and indirect depending upon its relation to the inferior epigastric artery. Hernias that arise lateral to the inferior epigastric artery and enter the inguinal canal from the deep inguinal ring are called as indirect hernias and hernias that arise from the posterior wall of the inguinal canal are called direct hernias and are usually medial to it. An inguinal hernia may be reducible initially with its contents passing readily into the abdominal cavity. However, the contents of the sac may become irreducible and eventually lose their blood supply strangulate and present to the surgical emergency with a variety of symptoms, primarily depending upon the structure that is contained in the sac.[2]

The left sided hernias are known to contain small intestine, sigmoid and sometimes peritoneal fat as content. Here we present a case of left sided direct inguinal hernia that presented in the surgical emergency with features of acute intestinal obstruction. On exploration was found to contain the caecum and appendix, which had been called the Amyand's hernia[6] but rarely has been found to occur on the left side.

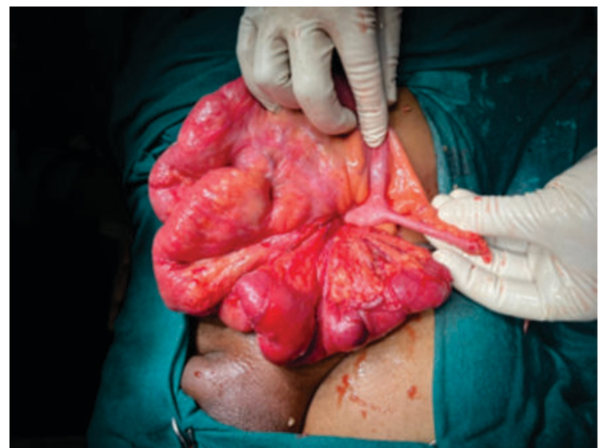
CASE REPORT

A 42-year-old gentleman presented to the surgery emergency of PGIMS, Rohtak with non-passage of stools and flatus, bilious vomiting, and distension of abdomen for 3 days and a swelling in the inguinoscrotal region on the left side which he had for a period of roughly 6 months.

On examination the patient had tachycardia, tachypnea, a dry tongue with other signs of dehydration, a gaseous abdomen along with mild tenderness on palpation. The patient had a left sided inguinoscrotal swelling arising from the inguinal canal and extending into the scrotum base, which was tender to touch and was non reducible. The bowel sounds were increased in both amplitude and frequency and the per rectal examination was essentially normal. A Roentgenogram was obtained in the erect and the supine position and revealed multiple air fluid levels and dilated small bowel loops.

A Ryle's tube was placed for decompression of the stomach, patient was catheterized and i.v fluid supplementation, pain killers and antispasmodics were given. Viral markers and other relevant investigations were obtained, and the patient was taken up for surgery.

The patient's inguinal canal was explored to reveal a complete direct sac containing 60 cm of terminal ileum, ileocecal junction, caecum, and appendix with adhesions of ileum to the sac along with roughly 250 ml of serous fluid. Strangulation had not set in, and the ileum was flicked to test for peristalsis. The Ileum was then separated from the sac and the sac was ligated and dissected after reducing the contents. Bassini's repair was done. The patient then made an uneventful recovery and was discharged in a stable clinical condition with no complications and was fine during the follow up period.



DISCUSSION

Amyand's hernia is a hernia that contains the appendix and historically named after Cladius Amyand who performed the first appendicectomy in a child who had a hernia that contained the appendix and was perforated by a pin. Although hernia as a disease itself is common. Presence of appendix and cecum in the sac as contents are uncommon[6]. Most hernias can be diagnosed by clinical examination.[2]

Hernias when untreated can go into obstruction and the contents may lose their blood supply to become strangulated.

A long standing hernia when left untreated can develop irreducibility and a timely intervention can be vital for preservation of the patient's bowel as can be seen in our case.[1] There are various methods of management of any hernia, however in an emergency setting tissue repairs have been advocated. A biological mesh can also be used to treat an inguinal hernia in an emergency setting.[7] Various tissue repairs include the Bassini's repair where in the conjoint tendon is opposed to the inguinal ligament using a non-absorbable suture materiel[3]. Shouldice repair is a six layered tissue repair.[8] Desarda's repair involves stitching a thin slip out of the external oblique aponeurosis and using it to strengthen the posterior wall.[4] Open or laparoscopic approach can be decided upon depending on the facilities available and expertise of the surgeon. Any tissue repair can be chosen in an emergency setting however mesh repairs are contraindicated owing to mesh infection.[1]

CONCLUSION

While managing a case of left sided inguinal hernia, contents that are usually anticipated are small bowel, sigmoid and bladder, however unusually a right sided viscera i.e., cecum and appendix may also present itself as the content of a left side sac as has been seen in our case. Timely intervention is of paramount importance to preserve viability of large and small bowel preventing morbidity and mortality associated with an extensive procedure in the emergency setting, affecting outcome of the surgery and improvement of the patient.

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