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General Surgery

A RARE CASE REPORT OF AMYAND'S HERNIA

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ABSTRACT A hernia is an abnormal protrusion of the whole or a part of a viscus through normal or abnormal opening in the walI of the cavity in which it is contained, hernia is one of the most frequent surgical procedures that a surgeon faces. In a very low frequency, one can find the vermiform appendix inside the hernia sac; whether it is inflamed or not; this condition is denominated as "Amyand Hernia". Amyand Hernia is a rare disease seen in approximately 0.19 % to 1.7 % of all hernias, complications of it, like acute appendicitis, or perforated appendicitis are even rarer, about 0.07% to 0.13 %. Its diagnosis is very difficult in the pre-operative period; it is usually an incidental finding. Here we present a rare case of right inguinal hernia in a 35 years old male patient, who was incidentally found to have an inflamed appendix in the hernia sac that underwent appendicectomy with herniorrhaphy for same.

KEYWORDS :

INTRODUCTION

Inguinal hernia, is one of the most frequent surgical procedures that a surgeon faces. Yet, in spite of its great incidence, hernias often pose a surgical dilemma, even for the skilled surgeon.

Appendix inside the hernia sac is denominated as "Amyand Hernia" whether it is inflamed or not.Amyand hernia is most frequently reported in men, and almost exclusively on the right side.

Pre-operative clinical diagnosis is practically impossible but has been reported via trans-abdominal ultrasound and Computed tomography.

Management involves a laborious surgical technique, and its definitive technique will depend on surgeons experience and clinical scenario with SOS appendicectomy with herniorrhaphy or hernioplasty.

CASE REPORT

Clinical Presentation

A case of 35yrs old, married, Hindu male presented with swelling and pain over right groin since 20 days. Swelling was insidious in onset, swelling was same size from beginning to till (approx size of TT ball).Swelling was associated with mild dull-aching intermittent pain, relieved by taking rest and medication. Increased by doing strenuous work Not shift or radiation to other part.

Examination

Systemic examination were normal

On local examination, a single, approx. 6 x 5 cm spherical swelling present over right inguinal region with smooth surface, regular well-defined margins, firm in consistency , non reducible, doesn't show fluctuation.

Skin over the swelling appears normal with normal temperature on palpation and mild tenderness over swelling present

Deep ring occlusion test and Finger invagination test and three fingers test cannot be perform because hernia is irreducible.

there is no visible swelling and cough impulse seen on left side.

Investigations

CBC – 15.4 / 13040 / 150000 / 46

LFT/RFT within normal limits

PT / INR / aPTT – 12.3 /1.02 / 26.4

USG Local Part For Right Inguinal Region

Approximately 24 mm sized wall defect noted in right inguinal region with herniating omental fat, body and tip of appendix and fluid. Appendix at tip measures 6.4 mm, minimally inflamed and at body measures 4 mm, normal.

Operative Findings

Patient operated for Appendicectomy + right inguinal herniorrhaphy

Skin and superficial fascia incised upto external oblique aponeurosis and superficial inguinal ring identified

Small incision placed over external oblique aponeurosis,ilioinguinal nerve safeguarded and external oblique aponeurosis cut till superficial inguinal ring.

Cord identified and lifted from floor of inguinal canal.

Hernial sac was identified coming out from deep inguinal ring.

Sac was separated from cord

A small incision kept over proximal part of sac and content visualised Appendix with mesoappendix , omentum , minimal free fluid found within sac.

Suction of free fluid was done and omentum was reduced.

Mesoappendix was tied and separated from appendix, appendicular artery ligated and cut. Appendix was transfixed with Polyglactin 2-0(RB) and ligated just above its Base using silk 215 and divided just above transfixing ligature.

Hernial sac was transfixed with Polyglactin 2-0 (RB) and redundant sac was excised.

Deep inguinal ring reconstructed by shouldice method

External aponeurosis was approximated using polyglactin 2-0 (RB) in continue interlocking manner.

HPE

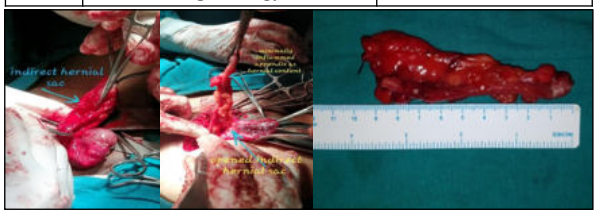
Section reveal appendix with prominence of lympho-plasmacytic and eosinophilic cells in lamina propria . lymphoid follicles have prominent germinal center . periappendicular fat reveals mild chronic inflammation .

DISCUSSION

A hernia is an abnormal protrusion of the whole or a part of a viscus through opening in the walI of the cavity in which it is contained . Ventral abdominal and inguinal hernias typically contain bowel or omentum; only rarely is the appendix discovered, often incidentally, within the herniated region . Incarceration of the appendix within an inguinal hernia is termed Amyand's hernia . An Amyand's hernia may become inflamed, infected, or perforated. The appendix may also be incarcerated and entirely healthy . Definitive preoperative diagnosis presents a clinical challenge due to indistinct clinical signs and symptoms and a lack of clear radiological diagnostic features. Incarcerated appendix or appendicitis, for example, is often misdiagnosed as a strangulated hernia . Diagnosis of Amyand's hernia remains primarily an incidental finding during surgery, and there remains no true consensus on the optimal operative management approach.

Losanoff and Basson classification of Amyand Hernia.

Classification	Description	Management
Type 1	Normal appendix in an inguinal hernia	Hernia reduction, mesh placement
Type 2	Acute appendicitis in an inguinal hernia with no abdominal sepsis	Appendectomy, primary no prosthetics hernia repair
Type 3	Acute appendicitis in an inguinal hernia with abdominal and abdominal wall sepsis	Laparotomy, appendectomy, and primary no prosthetic
Type 4	Acute appendicitis in an inguinal hernia with abdominal concomitant pathology	Same as type 3 plus management of concomitant disease



CONCLUSION

Amyand's hernia is a diagnostic challenge due to its low incidence, indistinct clinical presentation. Surgery is therefore frequently diagnostic as well as therapeutic.according to losanoff and basson classification this is type 2 amyand hernia so treatment of choice is appendectomy + herniorrhaphy in this case because of minimally inflammation appendix . Prosthetic mesh is typically contraindicated in patients with an inflamed or perforated appendix, due to the risk of wound and mesh infection.

REFERENCES

1. Love & Bailey (27th Edition) Volume 2, Chapter 60 : Abdominal wall, hernia and umbilicus
2. SRB Manual of Surgery (5th Edition) Chapter 18 : hernia
3. Medical science monitor journal : e-ISSN 1643-3750 © Med Sci Monit, 2014; 20: 140-146 DOI: 10.12659/MSM.889873
4. International Surgery Journal - Mhatre H et al. Int Surg J. 2015 Nov;2(4):737-740 http://www.ijsurgery.com