



SLIDING AMYAND'S HERNIA: A CASE REPORT

General Surgery

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ABSTRACT

Amyand's Hernia is a rare entity wherein, the vermiform appendix is the content of the inguinal hernial sac (about 1 % of all inguinal hernias)[1]. We present this case of Sliding Amyand's hernia, incidentally detected during herniotomy in a 4 year male child (the meso-appendix forming the medial wall of the sac, and the appendix being the content of the sac). This case is being presented as the sliding element is combined with Amyand's Hernia, which is very rare.

KEYWORDS

Amyand's Hernia, Inguinal Hernia, Sliding Hernia

INTRODUCTION

Hernia is defined as an abnormal protrusion of viscus or a part of a viscus through the wall of its containing cavity. Amyand's hernia is presence of appendix in an inguinal hernia and has an incidence of 1%[2]. Amyand's Hernia is named after Claudius Amyand[3] who performed the first appendectomy in a 11 year male child with enterocutaneous fistula within an inguinal hernia in 1736. Hernia in which an internal organ such as bowel or urinary bladder, comprises a portion of the wall of the hernia sac is a Sliding hernia. Amyand's Hernia with a sliding component is very rare. We present this case of sliding amyand's hernia [4] in a child.

CASE REPORT

A 4 year male child presented to the out patient department with a chief complaint of swelling in the right inguinoscrotal region since birth, initially small and later increased in size gradually and attained the present size. There was history of increase in size of swelling during straining, crying and decrease in size on lying down. It was not associated with pain. There was no history of vomiting, constipation and loose stools. General examination was unremarkable. Local examination revealed a pyriform swelling of size 4x3 cms in right inguinal region extending into scrotum which was partially reducible. Cough impulse was positive. Right testis was palpable separately, left testis was normal. Systemic examination was normal.

Clinically a diagnosis of congenital right inguinal hernia was made. Routine investigations were normal. Right Inguinal canal exploration under general anaesthesia revealed an indirect inguinal hernia sac containing the appendix, with mesoappendix forming the medial wall of the sac. Appendix appeared normal. Appendectomy was done followed by herniotomy. Post operative period was uneventful. Patient was discharged after suture removal, and followed up on outpatient basis.



Fig 1: Appendix visible inside hernia sac.



Fig 2: Meso-appendix seen forming the medial wall of the hernial sac

DISCUSSION

Inguinal hernia may have unusual sac contents such as vermiform appendix, ovary, urinary bladder, fallopian tubes, small bowel, colon, etc[5]. such hernias with unusual contents are rare. Amyand's hernia, wherein appendix is the content, is one of those rare hernias. Sliding amyand's hernia is even rarer.

Usually a clinical diagnosis of inguinal hernia will suffice, to plan for surgery, unless otherwise a complication is suspected as in obstructed or strangulated hernia. Pre operative diagnosis of sliding amyand's hernia is difficult. A preoperative ultrasound and CT abdomen can be helpful in such cases, though it is not routinely practiced when a clinical diagnosis of hernia is evident[6]. Acute appendicitis in an inguinal hernia usually mimics an obstructed / strangulated hernia or hollow viscus perforation within hernia sac[7].

CONCLUSION

Sliding Amyand's hernia should be kept in mind in irreducible inguinal hernias. A routine pre operative ultrasound abdomen can complement the diagnosis. The surgical management includes appendectomy and herniotomy with hernia repair(in adults) in a normal incidental appendix. However the surgical options vary according to the pathology of the appendix, if diseased.

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