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A RARE CASE OF LEFT SIDED AMYAND HERNIA

Surgery

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ABSTRACT

Amyand hernia is an inguinal hernia containing the vermiform appendix in the sac. It is a very rare pathology often diagnosed intra-operatively. Presence of a left sided Amyand's hernia is even rarer due to the normal anatomical position of appendix on the right side. We present such a case with a giant left sided Amyand hernia with an inflamed appendix in the sac.

KEYWORDS

Inguinal Hernia, Amyand's Hernia, Appendix, Sac

INTRODUCTION:

A hernia is an abnormal protrusion of an organ or tissue through an opening in the layer that normally confines it. Although a hernia can occur at various sites of the body it most commonly involves abdominal wall particularly the inguinal region. About 75% of all hernias occur in inguinal region[1]. Indirect and femoral hernias occur more commonly on the right side. This is due to a delay in atrophy of the processus vaginalis after the normal slower descent of the right testis to the scrotum.

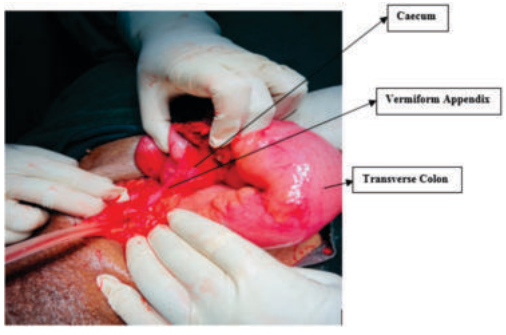
A hernia may contain omentum, bowel, urinary bladder or rarely the appendix. The presence of appendix in an inguinal hernia sac is called Amyand's hernia in honor of the French military surgeon Claudius Amyand. The hernia of Amyand is a rare event with an occurrence rate of 1%[2]. It is more common on the right side[3]. On the left side Amyand's hernia is associated with hypermobility of the caecum or situs inversus or malrotation of the gut[4].

Case Report:

A 65 year old gentleman came to the surgical emergency of NMCH, Patna with acute pain in the left inguinal region. He had history of a reducible, non-tender inguinal swelling for more than 5 years which had become irreducible and tender over the past 2 days. He had normal bowel and bladder movements and no history of fever or vomiting.

On examination the general condition of the patient was fair. The skin of the left hemiscrotum appeared normal and fully occupied by the hernia which extended upto upper thigh. The hernia was 20cm x 20 cm in size, warm to touch, irreducible and tender. Under spinal anesthesia a left inguinal incision extending to the scrotum was given and the large hernia sac was identified and separated from the spermatic cord structures. The hernia sac was opened; its content was noted to be a loop of transverse colon, as well as the entire cecum and an inflamed appendix confirming an Amyand's hernia. The remaining intra-abdominal bowel appeared healthy. Appendicectomy was done and the rest of the herniated viscera were reduced into the peritoneal cavity. Sac was excised and meshless herniorrhaphy was done. Total stitch removal was done on 10th post-operative day and patient was discharged with a healthy wound.

Pre-op picture of the giant left-sided inguinoscrotal hernia



Intra-operative picture with appendix in the hernial sac.

Appedicectomy specimen picture.

DISCUSSION

According to Losanoff and Basson Amyand hernia is classified into four types based on the severity[5].

Classification	Description	Management
Type I	Normal appendix in an inguinal hernia.	Hernia reduction, mesh repair with appendicectomy.
Type II	Acute appendicitis in an inguinal hernia with no abdominal sepsis.	Appendicectomy & primary repair of hernia without mesh.
Type III	Acute appendicitis in an inguinal Hernia and sepsis of abdominal wall.	Laparotomy, appendicectomy and hernia repair without mesh.
Type IV	Acute appendicitis in an inguinal hernia with concomitant abdomi--nal pathology.	Same as Type III+ management of concomitant Disease.

The clinical presentation of Amyand's hernia depends on whether the appendix is inflammed or not. Acute appendicitis in a hernia sac can present as acute pain, fever, nausea, vomiting and leukocytosis. These symptoms can be easily misdiagnosed as strangulated hernia[6].

Ultrasound and CT scan can detect the presence of an appendix in a hernial sac and can also differentiate between an inflamed and non-inflamed appendix. Thus these imaging studies can aid in the pre-operative diagnosis of Amyand's hernia.

The management of Amyand's hernia depends on the status of appendix. An inflamed appendix guarantees appendicectomy followed by herniorraphy. However in Type I Amyand hernia with a non-inflamed appendix the choice of appendicectomy depends upon the patient's age, health condition & tolerance[7]. In all types of Amyand hernia an early surgical intervention is adviced to prevent complications like perforation and abscess formation.

CONCLUSION

Amyand's hernia is a rare inguinal hernia which may be difficult to diagnose clinically. It most commonly occurs on the right side but infrequently presents on the left side. Clinically it can mimic a strangulated hernia. Prompt radiological investigations can aid in the diagnosis of Amyand hernia. Once identified it is managed according to Losanoff and Basson classification. In case of an inflamed appendix in the sac mesh hernioplasty is avoided. Early surgical intervention is recommended especially in appendicitis to prevent complications.

Statements & Declarations:

The authors declare that the case report is written in compliance with ethical guidelines and they have no competing interests.

REFERENCES

1. Townsend C, Evers B, Beauchamp R, Mattox K. Sabiston Textbook of Surgery: The biological basis of modern surgical practice. 21st ed. Missouri: Elsevier; 2022.
2. D'Alia C, Lo Schiavo MG, Tonante A, Taranto F, Gagliano E, Bonanno L et al (2003) Amyand's hernia: case report and review of literature. Hernia 7(2):89-91
3. Maeda K,Kuneida K, Kawai M, Nagao N, Tanaka C, Oida Y et al (2014) Giant left sided inguinoscrotal hernia containing the caecum and appendix (giant left-sided Amyand's hernia). Clin Case Rep 2(6):254-257
4. Breitenstein S, Eisenbach C, Wille G, Decurtins M (2005) Incarcerated vermiform appendix in a left sided inguinal hernia. Hernia 9(1):100-102.
5. Losanoff JE, Basson MD (2008) Amyand hernia: a classification to improve management. Hernia 12(3):325-326
6. Amyand's hernia: a review. Michalinos A, Moris D, Vernadakis S. Am J Surg. 2014;207:989-995.
7. Amyand hernia with appendicitis. Yagnik VD. Clin Pract. 2011;1:0.