ORIGINAL RESEARCH PAPER
Volume - 14 | Issue - 06 | June - 2025 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

A RARE SLIDING VARIANT OF AMYAND'S HERNIA WITH RIGHT HEMICOLON AND APPENDIX AS CONTENTS IN A CHRONIC ALCOHOLIC MALE

General Surgery

Dr. Tuheen Bhakta Jr3 General Surgery Resident, Department of General Surgery, MGIMS, Sevagram, Wardha.

Dr Jugnake Department of General Surgery, MGIMS, Sevagram, Wardha.

ABSTRACT

We report a rare case of a sliding variant of Amyand's hernia in a 34-year-old chronic alcoholic male with a long-standing right inguinoscrotal hernia. The patient presented with acute irreducibility and intestinal obstruction. Intraoperatively, the hernia sac contained the appendix, cecum, ascending colon up to the hepatic flexure, and approximately 15 cm of terminal ileum, consistent with a sliding hernia variant. As the appendix was healthy and there was no contamination, no appendectomy was performed. The case highlights the importance of intraoperative judgment and anatomical awareness in managing rare hernia variants.

KEYWORDS

INTRODUCTION

Amyand's hernia, first described in 1735 by Claudius Amyand, is characterized by the presence of the vermiform appendix within an inguinal hernia sac. It accounts for roughly 1% of all inguinal hernias. A sliding hernia, where part of a hollow viscus forms a portion of the hernia sac wall, is rare, and the coexistence of both these phenomena—especially with colonic involvement—is exceedingly uncommon.

Case Presentation

Patient Information:
- Age/Sex: 34-year-old male
- History: Chronic alcoholic with a right inguinoscrotal hernia for 3 years
- Presenting complaint: Irreducibility for 3 days, associated with pain, vomiting, and obstipation

Examination:
- Mild dehydration, vitals stable
- Abdominal distension with increased bowel sounds
- Large, irreducible, tender right inguinoscrotal hernia
- Investigations: Mild leukocytosis, X-ray showing dilated small bowel loops with air-fluid levels

Intraoperative Findings

A right inguinal incision was made. A large indirect inguinal hernia with sliding component was noted. The hernia sac contained the appendix (normal appearing), cecum, ascending colon till hepatic flexure, and 15 cm of terminal ileum. The bowel was viable with no signs of ischemia or perforation. The appendix was left in situ. The contents were reduced, and Lichtenstein mesh hernioplasty was performed.

Postoperative Course

Recovery was uneventful. Oral feeds were started on postoperative Day 2. The patient was discharged on Day 5 with advice on lifestyle modification and de-addiction counseling.

DISCUSSION

Amyand's hernia with sliding components, particularly involving both the appendix and right hemicolon, is extremely rare. Most reported cases perform an appendectomy irrespective of inflammation status. However, routine removal of a normal appendix is debated due to the risk of surgical site infection and mesh contamination. In this case, given the healthy appearance of the appendix and absence of contamination, a conservative approach was chosen.

Surgical awareness of potential sliding hernia contents is critical to avoid iatrogenic injury, particularly when the bowel wall forms part of the sac.

CONCLUSION

This case underscores the importance of judicious intraoperative decision-making and awareness of rare hernia variants. Avoiding unnecessary appendectomy in a clean field helped facilitate safe mesh placement and optimized patient recovery. Surgeons should anticipate complex anatomy in long-standing hernias, particularly in high-risk individuals such as chronic alcoholics.

REFERENCES

1. Amyand C. Of an inguinal rupture with a pin in the appendix caeci. Philos Trans R Soc Lond. 1736;39:329–342.
2. Logan MT, Nottingham JM. Amyand's hernia: a case report. Am Surg. 2001;67(6):628–629.
3. Sharma H, et al. Amyand's hernia: report of 18 cases. Hernia. 2007;11(1):31–35.
4. Singal R, et al. Amyand's hernia: a clinical entity. Internet J Surg. 2013;30(1).
5. Losanoff JE, Basson MD. Amyand's hernia: proposed classification and management. Am Surg. 2007;73(12):1288–1290.