

A RARE CASE OF AMYAND’S HERNIA CONTAINING INFLAMED APPENDIX

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Article History: Received 3rd September,2015, Accepted 29th September, 2015, Published 30th September,2015

ABSTRACT

An AMYAND’S hernia refers to the presence of an appendix within a inguinal hernia sac. This uncommon finding occurs in less than 1 percent of all right side inguinal hernias. The preoperative diagnosis of this condition is uncommon. We present a case of bilateral inguinal hernia with right side being AMYAND’s hernia containing inflamed appendix which was diagnosed at the time of surgery. Presence of inflamed appendix is reported to be 0.1 percent.

Keywords: Inflamed Appendix

1.INTRODUCTION

First description of appendix in an inguinal hernia is attributed to AMYAND (sergeant surgeon to King GEORGE I&II) who, In 1735 found a perforated appendix in an eleven year old boy who presented with a right inguinal hernia and faecal fistula. This was also one of the first documented descriptions of ban appendectomy being performed. Four years prior to this a FRENCH surgeon Rene Jacques Crossiet de Garengot described the presence of an appendix within the femoral hernia sac known GARENGEOT HERNIA

2.CASE RECORD:

Our case, 60 year old man, who was an non diabetic normotensive presented with complaints of swelling in both groin past one year. The swelling first started in the left groin, about four months later to this he developed similar swelling in right groin extending in scrotum. Both the swelling were painless initially, later patient developed pain over the right groin swelling past 2 weeks. On examination of right side swelling was found to be an indirect inguinal hernia, which was tender and rebound tenderness was present. Left side swelling was found to be a direct inguinal hernia. Both the swelling were reducible with right side being painful. Investigations done which revealed elevated WBC count. Ultrasonogram abdomen revealed Rt side inguinal hernia containing bowel with decreased peristalsis, probe tenderness + with minimal free fluid with content, Lt side inguinal hernia with bowel as content, all other intra abdominal organs are normal, no evidence of prostate enlargement. Pre operative work up done. Anaesthesia fitness

obtained. patient taken up for surgery, right side sac contained an inflamed appendix. Appendectomy done followed by hernia without a mesh (according to Losanoff and Basson’s classification of AMYAND’s hernia). With new set of instruments left side hernia repair done with mesh.



INTRA OP FINDING: Indirect sac containing inflamed appendix with free fluid

LOSANOFF AND BASSON’S CRITERIA FOR AMYANDS HERNIA

Table 1: Classification of Amyand’s hernias after Losanoff and Basson [3, 4].

Classification	Description	Surgical management
Type 1	Normal appendix within an inguinal hernia	Hernia reduction, mesh repair, appendectomy in young patients
Type 2	Acute appendicitis within an inguinal hernia, no abdominal sepsis	Appendectomy through hernia, primary endogenous repair of hernia, no mesh
Type 3	Acute appendicitis within an inguinal hernia, abdominal wall or peritoneal sepsis	Laparotomy, appendectomy, primary repair of hernia, no mesh
Type 4	Acute appendicitis within an inguinal hernia, related or unrelated abdominal pathology	Manage as types 1 to 3 hernia, investigate or treat second pathology as appropriate

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HPE REPORT: Features suggestive of inflamed appendix.

POSTOPERATIVE PERIOD: Post op period was uneventful. Patient was on antibiotics for 5 days. Patient became symptomatically better. Patient discharged with advice medicines



3.CONCLUSION:

Although AMYAND's hernia is rare, the attendant surgeon should be aware about its presence as it may mistaken for an Acute hydrocele, Testicular torsion, Epididymo- orchitis. The decision to perform appendectomy and type of repair depend on the clinical scenario and are guided by Losanoff and Basson criteria.

4.REFERENCES:

1. C. Amyand, "Of an inguinal rupture, with a pin in the appendix caeci incrusted with stone, and some observations on wound in the guts," *Philosophical Transactions of the Royal Society (London)*, vol. 39, pp. 329–342, 1736.
2. L. Komorowski and J. M. Rodriguez, "Amyand's hernia. Historical perspective and current considerations," *Acta Chirurgica Belgica*, vol. 109, no. 4, pp. 563–564, 2009.
3. J. E. Losanoff and M. D. Basson, "Amyand hernia: what lies beneath—a proposed classification scheme to determine management," *American Surgeon*, vol. 73, no. 12, pp. 1288–1290, 2007.
4. J. E. Losanoff and M. D. Basson, "Amyand hernia: a classification to improve management," *Hernia*, vol. 12, no. 3, pp. 325–326, 2008.
5. S. Gupta, R. Sharma, and R. Kaushik, "Left-sided Amyand's hernia," *Singapore Medical Journal*, vol. 46, no. 8, pp. 424–425, 2005.
6. L. C. Carey, "Acute appendicitis occurring in hernias: a report of 10 cases," *Surgery*, vol. 61, no. 2, pp. 236–238, 1967.
