Left Sided Amyand's Hernia, A Rare Occurance: A Case Report

Praveen Ravishankaran · G. Mohan · A. Srinivasan ·
G. Ravindran · A. Ramalingam

Received: 21 June 2010 / Accepted: 17 November 2010 / Published online: 3 December 2010
© Association of Surgeons of India 2010

Abstract This is a case report about a 35 year old man admitted with complains of obstructed left sided inguinal hernia. On exploration of the left inguinal canal to our surprise a normal appendix was found in addition to a gangrenous omentum. Resection of the gangrenous omentum was done. Appendectomy was done. This case is reported for its rare occurrence as only three such cases of left sided amyand's hernia has been reported so far in literature[4–6].

Keywords Amyand's hernia · Obstructed inguinal hernia · appendix

Case History

A 35 year old male patient was admitted with complaints of obstructed left inguinal hernia to the emergency department. The patient was in severe pain and an emergency laparotomy was planned. Basic blood investigations were taken. X-ray of the abdomen showed dilated small intestinal bowel loops. The patient was prepared and shifted to the operation theatre (Fig. 1).

Using an inguinoscrotal incision the left inguinal canal was opened. An indirect inguinal hernia with omentum and

the small bowel as contents were noted. The fundus of the sac was opened and about 30 ml of dark fluid was suctioned out careful not to soil the wound. The omentum was found to be gangrenous. The gangrenous omentum was excised. The small intestine was found to be normal with normal peristalsis and so the same was preserved. To our surprise we also noted an appendix as one of the contents of the sac. The appendix was about 10 cm in length. The appendix was normal and not gangrenous. An appendectomy was done to avoid any future diagnostic dilemma. Since this was a case of obstructed inguinal hernia only a herniorrhaphy was done. The patient recovered well. An ultrasound of the abdomen was done and it showed non-rotation of the intestines, one of the causes of a left sided appendix.

Discussion

Amyand is credited with the first appendectomy in 1736, when he operated on a boy with an enterocutaneous fistula within an inguinal hernia [1]. On exploration of the hernia sac, he discovered the appendix, which had been perforated by a pin resulting in a fecal fistula. As a result of his original description, an inguinal hernia containing the appendix carries Amyand's eponym to this day [2].

There are four conditions that can result in a left-sided appendix. In order of frequency, they are: (1) situs inversus viscerum, (2) nonrotation of the intestines, (3) "wandering" cecum with a long mesentery, and (4) an excessively long appendix crossing the midline. Nisolle et al. [3] described a case of left-sided appendicitis in which the extremity of a dilated right appendix was located in the left lower quadrant (LLQ) along the lateral pelvic wall.

The occurrence of herniated appendices is mostly reported in a right inguinal hernial sac, probably as a

P. Ravishankaran · G. Mohan · A. Srinivasan · G. Ravindran ·
A. Ramalingam
Department of General Surgery,
Coimbatore Medical College Hospital,
Coimbatore, Tamil Nadu, India

P. Ravishankaran (✉)
1, chaturvedi nagar, rayappa layout, Ganapathy,
Coimbatore 641006, India
e-mail: praveen264@gmail.com

Fig. 1 Left sided hernia with the appendix seen at the deep inguinal ring (it was one of the contents on the sac). An appendicectomy was done

consequence of the normal anatomical position of the appendix. An extensive literature search revealed three reported cases of left sided Amyand's hernia [4–6]. This is probably the fourth case reported. Most of the cases reported were also that of incarcerated appendix with the cecum as one of the content. The appendix in this case was normal with only the small bowel and the omentum as contents. An appendectomy was not done for this patient as majority of the authors agree that a normal appendix within

the hernia sac does not require appendectomy, and that every effort should be made to preserve the organ found in the hernia sac for an uneventful postoperative course[7].

After surgery, ultrasound needs to be done to find out the status of the intrabdominal organs and the findings documented and recorded for future references. We also need to have a thorough knowledge of the case before doing the surgery, and be ready for the surprises that the pandora's box is about to reveal.

References

1. Amyand C (1736) Of an inguinal rupture, with a pin in the appendix caeci, incrusted with stone, and some observations on wounds in the guts. *Philos Trans R Soc Lond* 39:329–342
2. Tsoulfas G, Howe JR (2004) Amyand's hernia: appendicitis in an incarcerated hernia. *Surg Rounds* 27:515–517
3. Nisolle JF, Bodart E, de Caniere L, Bahati M, Michel L, Trigaux JP (1996) Acute left-side appendicitis: diagnostic contribution of tomodesitometry. *Arch Pediatr* 3:47–50 [PubMed: 8745827]
4. Gupta S, Sharma R, Kaushik R (2005) Left-sided Amyand's hernia. *Singapore Med J* 46:424–425
5. Breitenstein S, Eisenbach C, Wille G, Decurtins M (2005) Incarcerated vermiform appendix in a left-sided inguinal hernia. *Hernia* 9:100–110
6. Carey LC (1967) Acute appendicitis occurring in hernias: a report of 10 cases. *Surgery* 61:236–238
7. Franko J, Raftopoulos I, Sulkowski R (2002) A rare variation of Amyand's hernia. *Am J Gastroenterol* 97:2684–2685