Amyand's Hernia

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Introduction

Acute appendicitis in an inguinal hernia, termed an Amyand's hernia, is an uncommon and rare condition. It is seen in less than 1% of adult inguinal hernia repairs [1,2] and is often misdiagnosed as strangulated inguinal hernia. The clinical presentation varies depending on the extent of inflammation in the hernial sac and the presence or absence of peritoneal contamination. Claudius Amyand performed first such surgery in 1735 [3]. A case of Amyand's hernia is reported for its rarity and review of literature.

Case Report

A 34 year old male presented with pain in the right inguinal area. He had a symptom less right sided inguinal hernia for the last one year and one day history of gradual onset of pain in the supra pubic region which localized to the right inguinal sac, with an increase in the size of the hernial swelling. Physical examination revealed a tender and irreducible right inguinal hernia. There was no erythema, or abdominal distension. Routine laboratory investigations were normal. A diagnosis of obstructed right inguinal hernia was made and the patient was scheduled for surgery. At surgery, an oedematous appendix was seen in the indirect inguinal sac with inflammation and necrosis of the tip without adhesions. The base was free of inflammation. Appendectomy was performed and peritoneum closed. Moloney's darn repair herniorrhaphy was done. The post operative course was uneventful. Histopathology confirmed a diagnosis of acute appendicitis.

Discussion

An uninflamed appendix in an inguinal hernia is estimated to be found in 1% of adult inguinal hernia repairs [1]. The finding of appendicitis in the inguinal sac is rarer with a reported incidence of 0.08-0.13% [1]. The pathophysiology of Amyand's hernia is unknown. Weber et al [4], proposed that appendix in hernia becomes inflamed as a result of repeated trauma, leading to adhesions and bacterial overgrowth. The preoperative diagnosis is difficult and only one case of

Amyand's hernia out of 60 could be correctly diagnosed preoperatively from 1959 to 1999 [3]. Pain tends to be episodic and cramp like instead of a constant ache seen in strangulated bowel [5]. Leukocytosis and fever are uncommon. The treatment includes appendectomy with primary hernia repair [1,6,7]. Laparoscopic treatment has been proposed but synthetic mesh is not advisable [6,7]. Mortality rate varies from 14-30% and septic complications are commonest [6,8]. Other complications are pneumonia, epididymitis, and urinary retention [7,9]. To conclude Amyand's hernia is rare and it is usually misdiagnosed as strangulated inguinal hernia.

Conflicts of Interest

None identified

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