Case Report

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Amyand's hernia

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ABSTRACT

Amyand's hernia is the presence of a vermiform appendix in an inguinal hernia sac, the appendix may be normal or inflamed. It is named after Claudius Amyand (1685-1740), who was surgeon at St. George's Hospital, London, U.K. He removed successfully an inflamed appendix from hernia sac of an eleven year old boy in 1736. Amyand's hernia is a rare and difficult to diagnose preoperatively. Authors are presenting here a case of Amyand's hernia in a 78 years old male on right side which was diagnosed on operation. Review of literature on Amyand's hernia is done with reminder to keep Amyand's hernia in mind while operating inguinal hernia.

Keywords: Amyand's hernia, Appendix, Diagnosis, Inguinal hernia

INTRODUCTION

Inguinal hernia is the most common hernia. The contents of hernia sac vary from omentum, small intestine loop to occasionally part of colon, but having appendix as a content is extremely rare. If appendix is present in inguinal hernia sac, it is called Amyand's hernia. It is named after Claudius Amyand (1685-1740), Surgeon at St. George's Hospital, London, U.K. Claudius Amyand did first appendicectomy when he successfully removed an acutely inflamed appendix from the hernia sac of a boy in 1736. Boy named Hanvil Anderson 11 years old, was operated on 6th December 1736. The eponym Amyand hernia was proposed by Creese in 1953 in recognition of Claudius Amyand.²

CASE REPORT

78 years old male attended outpatient department with swelling in right inguinal scrotal region for one year. The swelling was soft, tense and partially reducible. Now for last 1 month it started paining specially on doing physical efforts such as walking fast and lifting some heavy objects at home like a bucket full of water. The inguinal

hernia was gradually increasing in size. On examination abdomen was found soft and nontender without any distension. A large right inguinoscrotal mass was present which was partially reducible and tender. The pain and growing discomfort started affecting his daily life, so he attended the hospital. He was also suffering with hypertension and gall bladder calcification.

He was not a known hypertensive or diabetic. He was admitted for investigation and elective hernia surgery, open right inguinal hernioplasty with a polypropylene mesh. His investigation reports were well within normal range, so he was listed for elective surgery. A 5 cm long right inguinal incision was made parallel to inguinal ligament. Hernia site was explored, and hernia sac opened, and we found a normal looking caecum and long appendix (8 cm) in the sac (Figure 1). The close examination of appendix could not show any inflammation or abnormality, so the appendix was gradually reduced to the peritoneal cavity without any injury to it.

Standard hernioplasty was performed with 7.5 cm \times 15 cms polypropylene mesh. Post-operative period was

uneventful without any complication. The patient was discharged next morning.



Figure 1: Amyand's hernia.

DISCUSSION

Amyand's hernia is most commonly reported on right side but extremely rarely it is reported on left side also.^{3,4} Amyand's hernia is reported more in males than females. Appendix found in hernia sac may be inflamed or normal. Preoperative clinical diagnosis is practically impossible.^{5,6} Trans-abdominal ultrasound and computed tomography can help to diagnose it preoperatively. In our case ultrasound was done but it did not reveal appendix in the sac of hernia. This incidence of Amyand's hernia is around 1% of inguinal hernia, only 0.1% has an inflamed appendix.^{6,7}

Losanoff and Basson classified Amyand's hernia for better management. Type 1 A normal appendix in inguinal hernia, type 2 inflamed nonperforated appendix, type 3 perforated appendix, type 4 complicated with intra-abdominal pathology, type 1 is managed by reduction of appendix and hernia repair with mesh, type 2 to 4 are managed by appendicectomy and hernia repair without mesh.

Authors patient belongs to type 1 Amyand's hernia so reduction of appendix in peritoneal cavity and mesh repair of hernia was done.

CONCLUSION

Amyand's hernia is a rare hernia. Appendix found in the hernial sac, may be normal or inflamed. This case reminds that Amyand's hernia should be kept in mind before operating inguinal hernia and one may need appendicectomy if appendix in hernial sac is found inflamed. Classification of Amyand's hernia should be publicized so one can manage the case according to the type of hernia.

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