Medico Research Chronicles

ISSN No. 2394-3971

Case Study

LEFT SIDED GIANT STRANGULATED AMYAND'S HERNIA- A RARE PRESENTATION

Digvijoy Sharma[1], Rajesh Nair*, P Sampath Kumar[2], BinitaDipak Vadhar[3], AlluriVamsi Krishna[4]

[1]*Asst Prof, Department of General Surgery, Kasturba Medical College, Manipal University, Manipal, India*

[2]*Prof, Department of General Surgery, Kasturba Medical College, Manipal University, Manipal*

[3]*Intern, Department of General Surgery, Kasturba Medical College, Manipal University, Manipal*

[4]*Junior Resident, Department of General Surgery, Kasturba Medical College, Manipal*

Submitted on: March 2015
Accepted on: March 2015
For Correspondence
Email ID:
neurodoc39@gmail.com

Abstract

This is a case report about a 60-year old man admitted with a giant strangulated left sided inguinal hernia. On exploration of the left inguinal canal gangrenous caecum and appendix with normal terminal ileum were found as contents. He underwent a laparotomy and right hemicolectomy with left inguinal canal repair. This case is reported for its rare occurrence.

Keywords: Amyand's hernia, strangulated hernia, gangrenous caecum, acute abdomen.

Introduction

The presence of the appendix in an inguinal hernia sac is known as Amyand's hernia first described by Claudius Amyand in 1736 in an 11 year old boy with a right inguinal hernia [1].

Appendix located in an external hernia sac is rare, the incidence being approximately 1 percent, and a strangulated hernia containing appendix and caecum particularly on the left side is a very unusual occurrence. In this report we present 60-year-old male with strangulated Amyand's hernia on the left side.

Case Report

A 60-year old man presented to the emergency wing of our hospital with complaints of a giant left sided inguinal hernia of 15 years duration associated with severe pain and irreducibility since the last 3 days.

Physical examination showed an inflamed, tender left inguino-scrotal swelling with absent cough impulse. He also had tachycardia. Routine blood picture revealed leucocytosis. A clinical diagnosis of strangulated left inguinal hernia was made and the patient was taken up for emergency surgery under general anaesthesia.

A left inguino-scrotal incision was used. Upon opening the hernia sac gangrenous appendix and caecum with normal terminal ileum were found as contents. A laparotomy was done and right hemicolectomy was performed followed by

left inguinal herniorraphy. Post op recovery was uneventful.

Discussion

Amyand's hernia is defined as the presence of vermiform appendix within the inguinal hernial sac.

Right-sided Amyand's hernias occur more commonly than left due to the anatomical location of the appendix. Left-sided Amyand's hernias are quite rare. Conditions where a left-sided Amyand's hernia is seen are 1) situsinversus 2) malrotation 3) a mobile caecum and 4) An excessively long appendix [2].

The incidence of having a normal appendix within an inguinal hernial sac is about 1%, whereas appendicitis is present in0.1% cases [3].

The diagnosis of Amyand's hernia is almost always done on table during surgery as radiological investigations are not done routinely for inguinal hernias. CT scan can diagnose it preoperatively when done for obstructed or strangulated hernias though it is not a routine practice.

The decision to perform an appendectomy is based on the classification proposed by Losanoff and Basson [4,5], which is outlined below (Table 1).

Types	Description	Management
Type 1	Normal appendix within the hernial sac	Hernioplasty (mesh repair) without appendicectomy
Type 2	Acute appendicitis within the hernial sac, no abdominal sepsis	Appendectomy and repair of hernia without mesh(herniorraphy)
Type 3	Acute appendicitis within the hernial sac with abdominal sepsis	Laparotomy and proceed to appendectomy and primary repair of hernia without mesh
Type 4	Acute appendicitis within the hernia sac, related or unrelated abdominal pathology	Management as types 1 to 3hernia, investigation and treatment of secondary pathology as appropriate

Table 1: Losanoff and Basson classification

Our case is a very rare one as it was not only a left sided giant strangulated Amyand's hernia, the contents appendix and caecum were gangrenous and a right hemicolectomy had to be done along with herniorraphy (repair without mesh).

Conclusion

Although Amyand's hernia is a rare entity, a general surgeon should be aware of the presentation and the management as outlined by Losanoff and Basson. A pre-operative diagnosis can be made by CT scan when done for obstructed or strangulated hernia in a stable patient. A left sided Amyand's hernia should be further evaluated for situsinvertus and malroration if not done preoperatively.

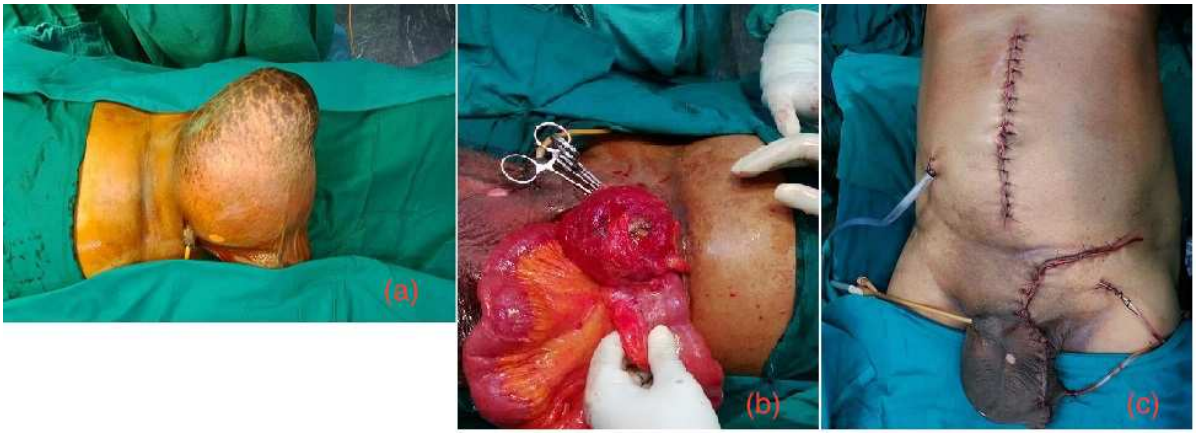

Figure 1: (a) Left sided giant strangulated inguinal hernia
(b) Gangrenous caecum and appendix with normal terminal ileum in the hernia sac.
(c) Postoperative image after laparotomy and hernia repair

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 SocLond 39:329–342.

2. G. D. Bakhshi, A. H. Bhandarwar, and A. A. Govila, "Acuteappendicitis in left scrotum," *Indian Journal of Gastroenterology*,vol. 23, no. 5, p. 195, 2004.

3. S. Gupta, R. Sharma, and R. Kaushik, "Left-sided Amyand'shernia," *Singapore Medical Journal*, vol. 46, no. 8, pp. 424 425, 2005.

4. J. E. Losanoff and M. D. Basson, "Amyand hernia: whatlies beneath—a proposed classification scheme to determinemanagement," *American Surgeon*, vol. 73, no. 12, pp. 1288–1290,2007.

5. J. E. LosanoffandM.D. Basson, "Amyand hernia: a classificationto improve management," *Hernia*, vol. 12, no. 3, pp. 325 326,2008.