

Amyand's hernia

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Case report

A 67-year old man had a large irreducible right inguino-scrotal hernia which had been enlarging for 8 years. During the last two weeks he had felt a 'dragging' pain in the right groin. He had no fever, anorexia or evidence of intestinal obstruction. The scrotum was neither tender nor tense. Surgery revealed an indirect inguinal hernial sac containing the caecum, ileum and appendix. The appendix was inflamed but not perforated. Histopathological confirmation was obtained. The appendix was covered by adjacent inflamed mesentery. The ileum was normal and devoid of a Meckel's diverticulum. After performing an appendectomy, the bowel was returned to the peritoneal cavity. The hernial sac was divided close to the neck and a Shouldice repair done.

Discussion

Claudius Amyand, surgeon to King George II, performed the first recorded appendectomy in 1786. The patient, an 11-year old boy, had a perforated appendix within an inguinal hernia, (1). Thus the presence of an appendix in an inguinal hernia became known as "Amyand's hernia". Until the 1990s, this eponym was not popularly used, nor the great surgeon given due credit (2). The term Amyand's hernia is used in varying situations. Authors have referred to Amyand's hernia as the occurrence of an inflamed appendix within an inguinal hernia (3), as a perforated appendix within an inguinal hernia (4), or when a non-inflamed appendix is present within an irreducible inguinal hernia. The latter is similar to other herniae named according to the containing organ.

Amyand's hernia is reported in infants (5) even as young as six weeks (6). Clinical presentation is variable, and influenced by the presence of inflammation of the appendix and peritoneal contamination. It must be considered in an irreducible inguinal hernia as well as in the differential diagnosis of an acute scrotum. It may be mistaken for a strangulated hernia (7) and torsion of the testis (5), and may present as a scrotal fistula or an abscess of the

abdominal wall (8). Tenderness over McBurney's point is likely to be absent (9). Preoperative CT scans have been used to diagnose the condition (4), but data on the reliability of imaging (9) are scant. Surgical procedure used depends on the pathology found. If the peritoneal cavity is uncontaminated it must be protected from contamination. Introducing a foreign material to a contaminated field has its dangers. It has been recommended to repair without using synthetic mesh (3).

References

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