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Case Report
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AMYAND'S HERNIA: VERMIFORM APPENDIX IN AN INGUINAL HERNIA

Bisht Dinesh, Saurabh Dawra*, Radhakrishnan AP, Singh RK and Nair Rajesh

India.

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***Correspondence for Author**
Saurabh Dawra
India

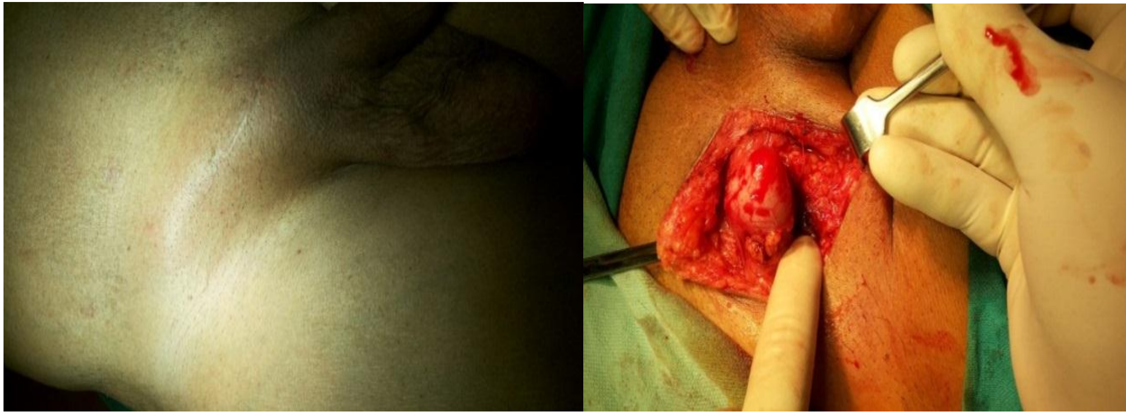
ABSTRACT

Vermiform appendix in an inguinal hernia also known as *Amyand's hernia* is an uncommon presentation, one which has been described as 'very complicating and perplexing'. Such pathology in an 85yr old elderly male is almost unheard of in surgical literature. The underlying pathology consists of chronic inflamed appendix in inguinal hernial sac. We present one such unusual case recently treated successfully at Military hospital, Jaipur.

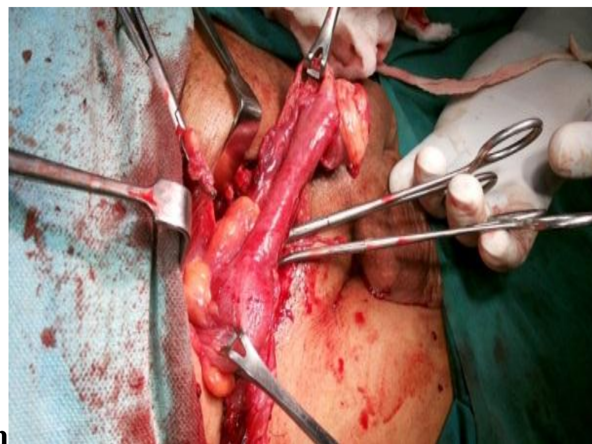
CASE REPORT

An 85 yr veteran with a multiple co-morbidities CAD, COPD, CKD, Hypertension and Gouty arthritis, came walking to the OPD with complaints of painful swelling in Rt inguinal region of 02 days duration. On direct questioning he said that he had not passed stools for last 02 days, thus raising the suspicion of 'Incarcerated Hernia'. Incidentally this gentleman had undergone bilateral herniorrhaphy around 20 yrs back. Clinically he had 4×2 cm size tender irreducible swelling right inguinal region. Cough impulse absent. An urgent USG abdomen showed non peristaltic non compressive bowel in the inguinal canal Decision was taken to perform an exploration through inguinal incision. Initially the patient and relatives were apprehensive, however after intense persuasion an informed written consent with possible orchidectomy was obtained and the patient was taken up for surgery.

Per operatively the hernial sac contained elongated, swollen appendix with its tip fixed to the sac and its base along with the caecum occluding the deep ring. Appendicectomy, orchidectomy and hernial repair was done.



Pre operative photograph **Hernial sac**



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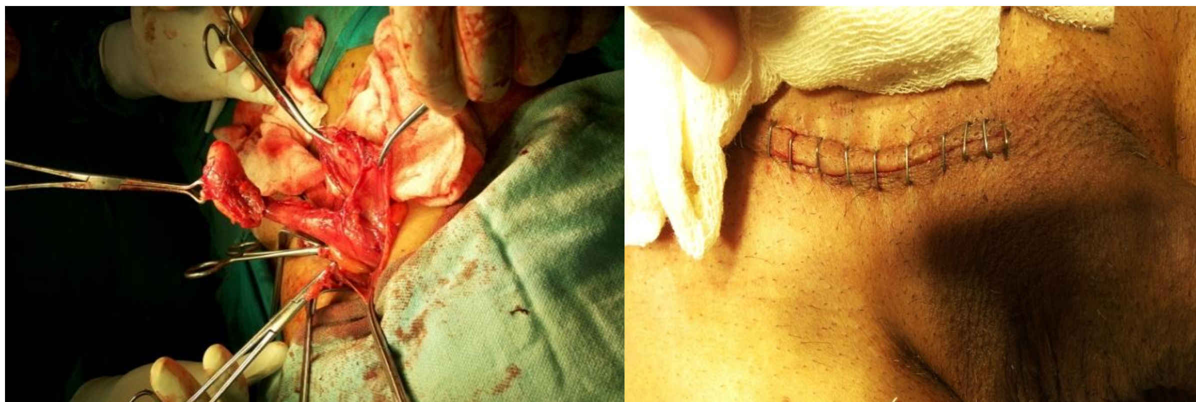
Appendix with caecum in hernial sac



Peroperative **Postoperative photograph**

DISCUSSION

Acute appendicitis within inguinal hernia accounts for 0.1 % of all cases (2;6). Inflammation of the appendix is attributed to external compression of the appendix at the neck of the hernia. The inflammatory status of vermiform appendix determines the surgical approach at

and the type of hernia repair. Long curved appendix has higher risk inflammation. Additionally along appendix which stretches the caecum may cause chronic pain if left behind. Manipulation to detach and reduce the appendix in the abdomen stimulates the inflammatory process. Furthermore, consideration of the large hernia, due to enlargement of the deep ring, may warrant prosthetic mesh repair along with orchidectomy. Especially in this case of elderly male with recurrent complicated hernia. Orchidectomy is more likely to be associated with repair of complicated hernia and the permission of the possible orchidectomy should be obtained from the patient preoperatively.[3] Consequently the decision to perform Appendicectomy, mesh hernioplasty along with orchidectomy should always be individualized to the patient.[1,2,4,5]

CONCLUSION

In conclusion, a hernia surgeon should be well acquainted and prepared while performing complicated hernia surgery especially in elderly patients. In this case we encounteredan unexpected intraoperative finding, such as an Amyand's hernia in an elderly patient with recurrent hernia.

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