

Case Report

AMYANDS' HERNIA IN A NEONATE – A RARE CLINICAL ENTITY

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ABSTRACT

Amyand's hernia occurs rarely where inguinal hernia sac contains normal or inflamed vermiform appendix. We are reporting a case of Amyands hernia in just a four weeks old child who presented with an irreducible swelling in right inguinoscrotal area. On exploration, appendix was found in the hernial sac. . Appendectomy and herniotomy were performed. Post op recovery was uneventful. To our best of our knowledge Amyands hernia in a neonate is being reported for the first time in any national journal.

KEYWORDS: Appendix, inguinal hernia, neonate

INTRODUCTION:

Amyands hernia named after a surgeon Claudius Amyand, is a type of inguinal hernia in which hernial sac contains appendix¹. The incidence of this clinical condition is 1%¹.

Amyands hernia containing inflamed appendix is even more rarer with an incidence of 0.1%.^{1,2,3} Diagnosis is usually made on exploration and appendectomy is the treatment^{4,5}. We report a case of Amyands hernia in a neonate.

CASE REPORT:

A four weeks old child presented with an irreducible swelling in right inguinoscrotal area for last two days. The neonate had reducible inguinoscrotal swelling since birth. . On examination, the child was irritable and the right testis was not palpable separately. Clinical diagnosis of obstructed inguinal hernia was made and patient was prepared for exploration under general anaesthesia. On exploration Inflamed appendix along with small amount of serous fluid was found in the hernia sac. Appendectomy and herniotomy was performed. Appendix was sent for histopathology. Post operative recovery was smooth and patient was discharged next day. Followup visit after one week was unremarkable.

DISCUSSION:

The term Amyands hernia was used after a surgeon Cadius Amyands; who found

perforated appendix in the inguinal hernial sac; while operating on a 11 years old boy for a strangulated inguinal hernia in 1735^{1,6}. The appendix may be normal, inflamed or perforated within the inguinal hernia sac⁷. The Amyands hernia is more common on right side but may be present on left side⁸. The incidence of Amyands hernia is 1% for the presence of normal appendix in the inguinal hernial sac and 0.1% for perforated or acutely inflamed appendix.^{1,2,3}

According to Weber et al, the herniation of appendix in the sac exposes it to micro trauma resulting in inflammatory swelling and later on formation of adhesions with the sac due to fibrosis, hence these adhesions keep the appendix in the hernia sac and does not let it slide back in the abdominal cavity⁹.

Abu Dalu and Ugra supported the hypothesis that adhesions decrease blood supply of appendix and cause bacterial overgrowth¹⁰. Muscle contractions and pressure changes within the abdomen further decrease blood supply of appendix and cause secondary inflammation.

The diagnosis of Amyand's hernia is usually made on exploration while operating on an obstructed or strangulated inguinal hernia or during an elective surgery of a simple inguinal

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hernia. Ultrasonography and CTscan may help in diagnosis preoperatively¹¹. In our case, the diagnosis was incidental, as an obstructed inguinal hernia on surgical exploration revealed inflamed appendix in it. This was later confirmed by histopathology.

The treatment is based on the status of the appendix¹². If it is normal only herniotomy is recommended and if appendix inflamed or perforated, a transherniotomy appendectomy should be performed. Some surgeons recommend appendectomy even when it is

normal especially on left side. No prosthetic material should be used for hernia repair as enhance inflammatory response and wound infection¹³. In our case, the diagnosis was confirmed on exploration of hernial sac and a transhernial appendectomy was performed.

CONCLUSION:

Amyands hernia is a very rare clinical condition but the surgeons should keep it in their mind while operating on inguinoscrotal swelling in infants and neonates.

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