

Unusual Left-Sided Amyand's Hernia: A Case Report

Nadir Sol Amyand Herni: Olgu Sunumu

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ÖZET

Amyand herni nadir olup, herni kesesi içinde apandiksin bulunması olarak tanımlanır. Amyand herni sağ taraf ile karşılaştırıldığında sol tarafta daha nadir olarak görülür. Tanı genellikle introperatif olarak konulur. Çalışmamızda 22 yaşında sol inguinal herni nedeniyle opere edilen erkek hasta sunuldu. Herni kesesi içerisinde apandiks görüldü ve appendektomi uygulandı. Hasta postoperatif 3. gün sorunsuz taburcu edildi.

Anahtar Kelimeler: Amyand herni, İnguinal herni, Apandiks

ABSTRACT

Amyand's hernia is a rare condition and defined as presence of the appendix within the hernial sac. In comparison, Amyand's hernia is seen more rarely on the left side than the right. Amyand's hernia diagnosis is generally made intra-operatively. A twenty-two-year old male patient with left-sided inguinal hernia diagnosis was operated. Appendix within hernial sac was seen and appendectomy was performed. The patient was discharged uneventful in the third day of postoperation.

Key words: Amyand's hernia, Inguinal hernia, Appendix

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Introduction

The term Amyand's hernia refers to the presence of the appendix within the hernial sac. Amyand Claudius detected an 11-year-old male patient with a perforated appendix in the right hernia sac for the first time in 1735 in London, which was called in the literature with his name.^{1,2} Most of Amyand's hernia occurs on the right side, although the cases have also been reported rare on the left side. Herein, we are reporting about the case with left-sided Amyand's hernia.

Case Report

A twenty-two-old year man presented with 3-month history of pain and swelling located in the left inguinal region. His history was unremarkable except for congenital absence of the left kidney. Vital signs were stable at physical examination. 6x6x5 cm reducible mass consistent with hernia, descending to scrotum with a cough, was palpated on the left inguinal region. In systemic examination, no additional pathology was detected. Laboratory tests, PA chest radiograph and ECG were normal. After single-dose antibiotic prophylaxis, the patient was operated. Hernial sac was reached with incision parallel to the left inguinal ligament after spinal anesthesia. Indirect hernial sac was identified on the anteromedial side of the cord. When hernial sac was opened, appendix was seen (Fig. 1). At the inspection, the cecum was mildly attached to hernial sac and edema of appendix was obvious. Appendix was approximately 1cm in diameter and 14cm in length. Appendectomy was performed after cecum parsed from pouch. Then, hernia sac was applied the high ligation and the polypropylene mesh with "tension-free hernia repair with Lichtenstein method". Postoperative computed tomography (CT) for situs inversus, intestinal malrotation, and mobile cecum revealed that cecum was mobile. The postoperative course was uneventful. The patient was discharged on the third day.

Discussion

Amyand's hernia is frequently seen on the right side since appendix is located on the right side anatomically and the incidence of the inguinal hernia is very common on the right side.³ On the contrary, Amyand's hernia is rarely seen on the left side. As far as we have been concerned, from 1988 to 2011, just 4 cases of Amyand's

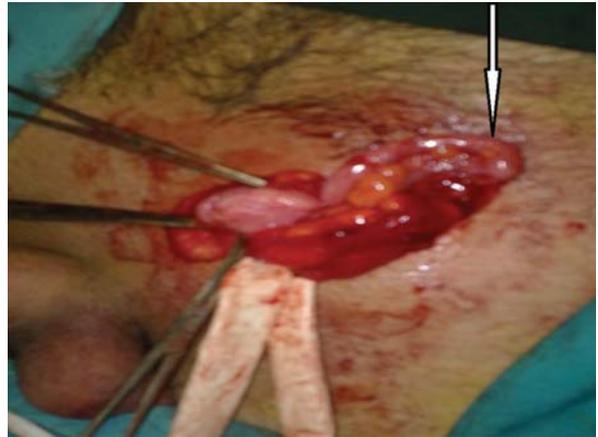


Figure 1. Left-side Amyand's hernia. The arrow shows appendix in the hernia sac.



Figure 2. Macroscopic view of appendix

hernia were reported in the literature for the left side.^{1,4-6} In the case of Amyand's hernia, appendix can be present as normal, inflamed or perforated within an inguinal hernia. The incidence of having a normal appendix within an inguinal hernial sac is about 1%, whereas appendicitis present in an inguinal hernia is 0.1% only.¹ Patients with acute abdomen presentations due to incarcerated or strangulated hernia can be diagnosed with CT preoperatively.⁷ In the case of no appendicitis presentation, the preoperative diagnosis of Amyand's

hernia is difficult. Therefore, we were only able to make the diagnosis intra-operatively, after opening the hernial sac. The causes of the left-sided Amyand's hernia are situs inversus, intestinal malrotation and mobile cecum.⁴ In our case, the left-sided hernia was diagnosed as Amyand's hernia during operation due to absence of acute abdomen presentation and CT.

It is difficult to decide whether inflammation of the appendix is caused by a primary or a secondary pathology in the sac. It is reported that manipulation of the appendix may provoke appendicitis in Amyand's hernia on the right side. In case of appendicitis or perforation, appendectomy is mandatory. If there is right-sided Amyand's hernia within normal appendix, appendectomy is controversial.⁴ However, in cases of left-sided Amyand's hernia, appendectomy is suggested against a risk of manipulation-induced appendicitis and atypical clinical presentation.⁴ The graft is recommended in the

surgical treatment of Amyand's hernia in case of no inflammation or perforation. Otherwise, an inflammatory response develops against the graft. As a result of this, complications such as wound infection and fistula stump can occur.⁸ In our case, appendectomy was performed to prevent the atypical acute abdomen due to the probable future appendicitis because Amyand's hernia was detected on the left side. In the treatment, tension-free hernia repair was performed by using polypropylene mesh with "Lichtenstein method".⁹ The patient was uneventfully discharged.

In conclusion, left-sided Amyand's hernia is rare and its preoperative diagnosis is hard. In the left-sided Amyand's hernia the content of sac should be investigated in detail and the patient should be inspected for situs inversus, intestinal rotation and/or mobilization in advance, and it is better to perform appendectomy to prevent atypical acute abdomen in such cases.

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