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**Article received on:**

12/11/2019

**Accepted for publication:**

28/02/2020

## LEFT SIDED AMYAND'S HERNIA.

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**ABSTRACT:** Amyand hernia is defined as hernia containing appendix as content which can range from being normal or inflamed to being gangrenous and perforated. Its occurrence is three times commoner in infants and it occurs more frequently on right side. Exact surgery to be performed in such cases is subject to the type of amyands hernia present ranging from herniorraphy and hernioplasty to laparotomy. Herein, we report the unusual case of a 70years old man who presented with left sided amyands hernia. **Conclusion:** Hernia is defined as protrusion of a viscus or part of viscus through an abnormal opening in the wall of its containing cavity. Inguinal hernia is the most commonly occurring variety usually containing gut or omentum. Amyand's hernia is a rare variety of inguinal hernia comprising 1% of all presentations.<sup>1</sup> Its defined by presence of appendix as its content which can be either normal or inflamed.<sup>2</sup> Its three times commoner in infants and occurs more on right side.<sup>3</sup> Here we report a unique case of left sided Amyand's hernia diagnosed per operative in seventy year old man.

**Article Citation:** Ghazanfor R, Changez B, Malik S, Tariq M, Changeez M, Rafay K, Khadija G, Malik J, Khan JS. Left sided amyand's hernia. Professional Med J 2020; 27(4):873-875. DOI: 10.29309/TPMJ/2020.27.04.4336

### CASE

A 70 year chronic smoker and a former farmer presented to surgical OPD with huge left sided groin swelling. This he stated began 10 years ago. It was initially small in size, appeared briefly during standing, sneezing or bending and disappeared at other times. It gradually increased in size reaching up till the scrotum. or last 6 months it had been irreducible. There were associated complaints of indigestion, abdominal distension and a dull constant dragging pain over the swelling. However there was no history of vomiting or constipation. General physical examination was normal. Abdomen was soft, undistended with a huge left sided complete inguinoscrotal hernia. The contents were incarcerated with positive bowel sounds. Ultrasound showed a defect in left inguinal area with gut loops protruding through it. He was scheduled for elective left sided mesh hernioplasty. During surgery, hernial sac was found to indirect but with a stretched deep ring and partly deficient posterior wall, making it a Gilbert type 3 hernia. The contents turned out be multiple ileal loops, a very mobile

cecum and proximal ascending colon along with appendix. They were easily reduced. Posterior wall was plicated and Lichenstein's tension free hernioplasty was done. Postoperative course was smooth and patient was discharged on second postoperative day on one week follow up.

### DISCUSSION

Amyand's hernia is rare form of hernia named eponymously after French surgeon claudius amyand who first reported this entity in 1735.<sup>4</sup> Prior to that, Jacques Croissant de Garengot had reported presence of incarcerated vermiform appendix in femoral hernia as well.<sup>5</sup>

Amyand's hernia makes only 1% of total inguinal hernias.<sup>6</sup> Appendix on examination is usually found to be incarcerated. Chances of appendicitis or perforation are rarer and round about 0.1 to 0.7%.<sup>7</sup> It occurs more often infants probably due to patent process vaginalis. Most common presentation is on right side. This can be attributed to normal appendicular anatomy and the fact that right sided inguinal hernias are commoner than

left. Left sided presentation is possible but rarely reported.<sup>8,9</sup> Till 2014, only seven patients with left sided presentation had been reported in English Literature.<sup>10</sup> These may be associated with situs inversus, intestinal malrotation and extremely mobile cecum. The later scenario was indeed true in this patient's case.

The patient can present in several ways. History can vary from that of a relatively asymptomatic chronic groin swelling to that of painful or irreducible swelling with symptoms of obstruction or strangulation. Clinical identification of appendix as a possible hernial content is usually not possible.<sup>11</sup> History, clinical examination and baseline investigations help but little in short listing differential diagnosis. Ct scans and ultrasound if done vigilantly enough might give a clue but usually the diagnosis is per operative.<sup>12</sup> Timely exploration remains cornerstone of the treatment as any delay might convert simple incarcerated appendix into a complicated one. Perforation or gangrene of appendix, pelvic abscess formation and testicular ischemia all have been reported as possible complications of mismanaged Amyand's hernia. Two case reports also document onset of anterior abdominal wall necrotizing fasciitis in especially neglected cases.<sup>13</sup> The optimal treatment strategy for this hernia remains controversial. The rarity of disease and scarcity of available literature forces most of operating surgeons to rely on their own clinical judgment. For optimal treatment, both appendix and hernial sac need to be dealt with.

Losanoff and Basson have classified Amyand's hernia into four types depending upon status of appendix.<sup>14</sup> In type 1 the appendix is normal and in type 2 it is inflamed. In type 3 there is either local or widespread associated peritonitis. Type four have a separate abdominal pathology co-existing with acutely inflamed appendix.<sup>15</sup> Management of each case require careful assessment of patient factors, condition of appendix and other contents of the hernial sac.<sup>12</sup> For type 1 usually simple reduction of contents with mesh hernioplasty is most effective. In type two, appendectomy with herniorrhaphy can be done. Type 3 and four can be dealt with lower midline laparotomy,

appendectomy, lavage and simple herniorrhaphy. Contamination of operative field preclude placement of prosthetic mesh in later three situations. Type four also warrant investigation for abdominal pathology.<sup>6</sup> Not placing mesh can lead to higher hernia recurrence rates in future.

In this case, hernial type was 1 and simple reduction was done. Literature review shows lack of consensus on incidental appendectomy in simple incarcerated cases. Same go appendectomy reduces future morbidity but at the cost of converting a clean surgery into contaminated one. Laparoscopic appendectomy in Amyand's was first reported in 1999.<sup>16</sup> Later few case reports showed favorable reports. Presence of gangrenous appendix or peritonitis remains indicator for converting laparoscopic into open procedure. In 2004, Sagger et al also reported total extraperitoneal approach for hernioplasty and appendectomy in this situation.<sup>17</sup>

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