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 Amyand’s 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 Amyand’s hernia in a neonate is being reported for the first time in any national journal.

KEYWORDS: Appendix, inguinal hernia, neonate

INTRODUCTION:
Amyand’s 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. Amyand’s 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 treatment4,5. We report a case of Amyand’s 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 Amyand’s hernia was used after a surgeon Cladius Amyand; who found perforated appendix in the inguinal hernial sac; while operating on a 11 years old boy for a strangulated inguinal hernia in 17351,6. The appendix may be normal, inflamed or perforated within the inguinal hernia sac7. The Amyand’s hernia is more common on right side but may be present on left side8. The incidence of Amyand’s hernia is 1% for the presence of normal appendix in the inguinal hernial sac and 0.1% for perforated or acutely inflamed appendix1,2,3. 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 adhesion keep the appendix in the hernia sac and doesnot let it slide back in the abdominal cavity9.. Abu Dalu and Ucra supported the hypothesis that adhesions decreases blood supply of appendix and causes bacterial overgrowth10. Muscle contractions and pressure changes within the abdomen further decreases blood supply of appendix and causes 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 CT scan may help in diagnosis preoperatively\textsuperscript{11}. 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 appendix\textsuperscript{12}. 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 it enhance inflammatory response and wound infection\textsuperscript{13}. In our case, the diagnosis was confirmed on exploration of hernial sac and a transhernial appendectomy was performed.

CONCLUSION:

Amyand’s 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.

REFERENCES:


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