AMYAND’S HERNIA IN A 4-YEAR CHILD WITHOUT APPENDICITIS - A RARE CASE

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ABSTRACT

BACKGROUND
Amyand’s hernia is presence of the appendix inside the sac of the hernia with or without inflammation. This occurs mostly in inguinal hernia. The symptoms can vary from acute abdominal pain, incarceration, strangulation and perforation. Final diagnosis is made intraoperatively. We are presenting here a case of Amyand’s hernia without appendicitis. A 4-year male child with right scrotal swelling was referred to us. Intraoperatively, the hernia sac contained appendix which was normal. Herniotomy was done without appendixectomy and patient was discharged uneventfully. Patient was followed for one year without any symptom.

KEYWORDS
Amyand's; Appendix; Hernia.


BACKGROUND
Amyand’s hernia is an inguinal hernia in which the hernia sac contains the appendix.

CASE REPORT
A 4-year male child presented to our outdoor with complaint of right inguinoscrotal swelling. There was no complaint other than swelling. On examination, it was reducible scrotal swelling without pain. Abdominal examination was normal. Routine blood investigation and ultrasound of inguinoscrotal region was done. USG confirmed it as inguinal hernia. Patient admitted and posted for surgery. Surgery was performed with an inguinal approach. Appendix was present in hernia sac. Appendix was looking normal and not adherent to sac. Appendix was reduced in peritoneal cavity and herniotomy was done. Patient discharged uneventfully. On follow-up, patient was asymptomatic.

DISCUSSION
Amyand’s hernia is extremely rare in children. Amyand’s hernia is rarely diagnosed preoperatively. Few cases have been discovered before surgery.

Most of the cases occur on the right side, probably as a consequence of the normal anatomical position of the appendix and also because right-sided inguinal hernias are more common than left-sided hernias. Although, Amyand’s hernia has also been reported on the left side, this is rare and may be associated with situs inversus, intestinal malrotation or a mobile cecum.

The majority of the reported cases present with the features of an obstructed or strangulated inguinal hernia. The diagnosis is made intraoperatively as the patient undergoes surgical exploration for a complicated inguinal hernia as in the present case where appendix was incidentally found in the hernial sac. A preoperative ultrasonography and computed tomography scanning of the abdomen could be helpful for diagnosis, but this is not a routine practice after the clinical suspicion of a complicated inguinal hernia. Whenever intraoperatively an appendix is found in the hernia sac, the decision of further appendicectomy should be guided by presence or absence of inflammation of the appendix. Appendicectomy can be differed if there is no inflammation.
For paediatric patients, reduction of content and herniotomy and closure of wound without mesh repair is preferred.\textsuperscript{9,10,11} In our case appendix was looking normal, so appendicectomy was not done. Patient was followed for 1 year after surgery and there was no symptom of appendicitis. However, some suggest that in case of left-sided Amyand’s hernia, appendicectomy is performed even if appendix is normal to prevent any atypical clinical presentation of appendicitis in the future, because in these cases the caecum is mobile or the patient has situs inversus or intestinal malrotation.\textsuperscript{12}

CONCLUSION
In paediatric patients with Amyand’s hernia, the inflammatory status of the appendix can be used to determine operative approach. Appendicectomy is not required in case of normal appendix in sac.

REFERENCES
1. Amyand C. Of an inguinal rupture, with a pin in the appendix coeci, incrusted with stone, and some observations on wounds in the guts. Phil Trans R Soc Lond 1736;39:329.