

Amyand's hernia: Radiological solution of a surgical dilemma

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Still is the complication of acute appendicitis occurring within Amyand's hernia, accounting for only 0.07-0.13% cases of acute appendicitis. Since Amyand's hernia can be complicated with infection, inflammation, strangulation, gangrene and perforation they are frequently misdiagnosed as strangulated inguinal herniae. However, imaging can facilitate a preoperative diagnosis, which in turn, aids in better surgical planning. This is a case report, recounting a case of Amyand's hernia complicated by appendiceal gangrene. A healthy 76 year old male presented with central abdominal pain, nausea and severe persistent vomiting. Past medical and surgical history was unremarkable. Examination revealed signs of peritoneal irritation. Blood investigations showed raised inflammatory markers and radiographs failed to demonstrate any evidence of perforation or bowel dilatation. He was referred to surgery with a list of differential diagnoses including pancreatitis, bowel or gallbladder perforation, bowel obstruction, bowel ischaemia and appendicitis. He underwent contrast-enhanced abdo-pelvic CT which revealed a thick-walled appendix, the tip of the appendix was seen entering the right inguinal canal, with associated periappendiceal fat stranding, dilatation of proximal bowel loops and free fluid in the pelvis. Finally, a diagnosis of a strangulated Amyand's hernia was made. At laparoscopy, the appendix was found to be gangrenous with localized abscess collection, the tip was incarcerated within the right indirect inguinal hernia sac. Classically, Amyand's hernia was incidentally diagnosed at the time of surgery and management was based on Losanoff and Basson's criteria, where options included appendix reduction and herniorrhaphy, appendectomy through hernia incision and herniotomy, and laparotomy with subsequent hernia repair. But with increased use of CT scan, it is now possible to obtain a preoperative diagnosis and plan a laparoscopic approach.

Image:



Fig. CT abdomen and pelvis in axial tip of appendix (white arrows) entering inside the right inguinal canal with thick wall and periappendiceal fat stranding.



shows intraoperative laparoscopic views of incarcerated tip of appendix within right inguinal hernia sac with localised abscess collection.

Biography

I am Iqra Saani. Graduated from Federal Medical and Dental College, Islamabad. Worked in PIMS (Pakistan Institute of Medical Sciences) for a year and also worked in the radiology department as year one resident at Aga Khan University Hospital, Pakistan. Currently working as a clinical fellow in Medway Maritime Hospital, United Kingdom.

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