Amyand's like hernia

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Sir,

Amyand's hernia is an atypical groin hernia which contains the vermiform appendix, usually presenting as a strangulated or incarcerated hernia. It is a rare disease, named after Claudius Amyand, founder of London's St. George's Hospital and first to perform an appendectomy in 1735, for an acute appendicitis inside an inguinal hernia.[1] According to our case, we would like to give a contribution about one anatomical consideration.

A 3-year-old boy presented with right reducible inguinoscrotal hernia. At examination, vermicular appendix and the two testicles were palpable in the scrotum. Surgical exploration found the peritoneal bag containing appendix and a mobile caecum [Figure 1]. It was an indirect hernia resulting from peritoneovaginal communication. Appendectomy, with the stump inverted, and high ligation of hernia sac was performed. He had uneventful postoperative course.

Mobile caecum develops if the beginning of the ascending colon does not achieve retroperitoneal fixation. In an extreme variant of this embryologic abnormality, the colon lacks retroperitoneal fixation to the extent that the whole gut possesses a collective mesenterium, called the commune mesenterium. This abnormality predispose to a volvulus or to malposition of the appendix. The positional variations of the caecum and appendix allow the appendix to enter practically all abdominal hernia openings.[2] From the surgical point of view, when a non-inflamed appendix is discovered during an elective herniorrhaphy, it is recommended to perform an inguinal appendicectomy and a herniorrhaphy without prosthetic material, because of the high risk of bacterial contamination. When acute appendicitis occurs in the hernia sac, the surgeon also performs an inguinal appendicectomy, or an abdominal appendicectomy. The herniorrhaphy will, again, require suture repair and not mesh repair.[2] In our case, we have performed a cure as indicated for peritoneovaginal communication hernia in the childhood. This association between what we have called Amyand's like hernia and a mobile caecum is rare. In our literature research, we have found only one case described.[3] We have called it Amyand's like hernia because if the hernia sac contains a mobile caecum, necessarily it contains appendix. The difference with the first description of Claudius Amyand is that the main anomaly here is the mobile caecum (found in a 3-year-old boy), but not the only appendix presence in the hernia sac. We think that in many publications, there is no reference to the abnormal position of the caecum, even if appendix is found in a left side hernia.[4] According to us, this is an important condition to be precised if appendix is discovered in hernia sac. The term Amyand's hernia describes a protean nosology with diverse, sometimes unexpected, presentations.[5] A precise anatomical description is always useful to understand the physiopathology of this rare entity.

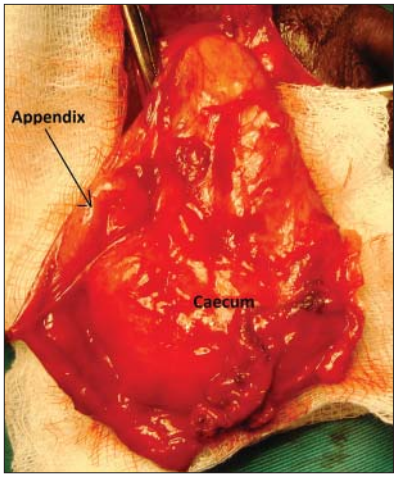


Figure 1: The hernia sac contains mobile caecum

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REFERENCES

1. Amyand C. Of an inguinal rupture, with a pin in the appendix caeci, incrusted with stone, and some observations on wounds in the guts. Philos Trans R Soc Lond 1736;39:329-36.

2. Inan I, Myers PO, Hagen ME, Gonzalez M, Morel P. Amyand's hernia: 10 years experience. Surgeon 2009;7:198-202.
3. Keyes TF. Presence of caecum and appendix in scrotum in large indirect inguinal hernia. Am J Surg 1947;74:833.
4. Johari HG, Payder S, Davani SZ, Eskandari S, Johari MG. Left side Amyandhernia. Ann Saudi Med 2009;29:1-2.
5. Losanoff JE, Basson MD. Amyand hernia: A classification to improve management. Hernia 2008;12:325-6.