AMYAND HERNIA
CASE PRESENTATION

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Abstract: *We present the case report of a patient for 36 years, admitted through Emergency Unit with the diagnosis of right inguinal strangled hernia. After surgical intervention, the case analysis reveals some particuliarities: the relatively recent right inguinal hernia; strangulation under four hours with easz reduction in taxis and rapid resumption of bowel movements, the persistence of spontaneous pain and endured feeler with finding a formation stretched to cover the entire canal, erroneously interpreted as acceding endured epiploic fringe bag, bag adherence raises the issue of an older recruitment, silent development of acute appendicitis with unchanged biological values, the etiopathogenic factors of the acute appendicitis were the adherence to the bag the hernial strangulation which lead to appendix ischaemia and secondary circulatory alterations. In conclusion, although extensive medical literature describs the symptoms and development of acute appendicitis in hernial bag, Amyand hernia constitutes an intraoperative surprise.*

Cuvinte cheie: *hernia Amyand, diagnostic, tratament*

Rezumat*: Se prezintă un cazul unui pacient de 36 ani, internat prin Urgență, cu diagnosticul hernie inghinală dreaptă ştrangulată. După intervenția operatorie, analiza cazului relevă anumite particularități: hernie inghinală dreaptă relativ recentă; ştrangulare mai recentă de patru ore cu reducere uşoară la taxis şi reluarea rapidă a tranzitului intestinal; persistența unei dureri spontane şi palpatorie cu constatarea unei formațiuni indurate alungite ce cuprinde întreg canalul inghinal, eronat interpretată ca franj epiploic indurat aderent la sac; aderența la sac a apendicelui ridică problema unei angajări mai vechi; evoluția silențioasă a apendicitei acute, cu constantele biologice nemodificate; aderența la sac şi ştrangularea herniară prin ansă ileală au fost factorii etiopatogenici ai declanşării apendicitei acute prin ischemierea apendicelui şi modificările circulatorii secundare. În concluzie, deşi literatura medicală descrie pe larg clinica şi evoluția apendicitei acute în sacul herniar, hernia Amyand reprezintă o sursă de surpriză intraoperatorie.*

INTRODUCTION

Claudius Amyand described, in 1736, the Amyand hernia is an abdominal wall hernia containing an inflamed vermiform appendix, being excluded from definition the free and mere presence of an appendix in a hernial sac. Inguinal hernias, both the external oblique and direct ones, but especially neglected scrotal inghino-old may engage in various abdominal viscera hernial sac, herniated organs may develop in the various pathologies specific to each bag. Azand herni's incidence varies from 0.13% (upon Ryan quoted by (7)) at 0.67% (upon Burger and D'Alia, ibidem). The vast majority of Amyand hernia is fount in the right inguinal hernia, but may also occur in the left umbilical eventration. The etiopathogenesis of intrasaculare hernial strangulated appendicitis raised the discussion of a possible concomitant disease, local trauma and other mechanisms that increase abdominal pressure and ischemic disorders that induce inflammation followed by appendicitis.

CASE REPORT

J.S., male, 36 years of old, unemployed, from rural area came at the Emergency Unit showing a right inguinal strangled hernia more recent than 4 hours. The hernia is easily reduced by gentle taxis. Preoperative preparation. After about an hour, bowel transit appears, but the patient complains of a slight sore groin, spontaneous and iat effort. To palpation in the right groin develops a endured painful formation in diameter of about 0.5 cm, flat, occupying the whole inguinal canal. Given the recent strangulation, we consider the formation as an epiploic congested fringe adhering to the bag.

Laboratory investigations eveal normal values: ESR 2 / 4, 4.42 million red cells, white cells 5570, Haematocrit 39.36, 33.3% Urea, Creatinine 1.10 mg., Blood sugar 90.3 mg /%, platelets 220 000, TQ 17 and INR 1.3, Exam-negative urine.

We demerced the surgical intervention in rahianestesia. When opening the hernial sac, we discovered the presence of an acute appendicitis with appendix closely acolyted at the back to to the bag back to its full length, especially in the package, which partly adherenced of the check, easily congestive and serous infiltrated. We proceeded the careful lysis of adhesions, appendix and issuing checks, followed by appendectomy without clogging with intraperitoneal stump grinding and abandonment and control haemostasis. We prepare the bag to package the ligation and resection. We sprained the spermatic cord from his situs and we restored the inguinal wall by retrofunicular procedure, with subcutaneous suture and Cooper drainage. Postoperatively, we administrated antibiotics, analgesics, anti-inflammatory (NSAID) suppositories, local ice, restrooms, dressing, daily supervision.

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Simple postoperative evolution, bowel transit resumes after 24 hours, after 2 days we spained the drain tube, at 7 days we removed the skin stitches and the patient left hospital with appropriate recommendations, surgically cured.

The case analysis highlights some features:

- Relatively recent right inguinal hernia, under two years of evolution;
- Strangulation under four hours with slight reduction in taxi and rapid resumption of bowel transit;
- Persistence of spontaneous pain and endured feeler, an elongated formation which covers the entire inguinal canal, erroneously interpreted as acceding endured epiploic fringe bag;
- Adherence to bag the appendix, relatively close, raises the question of an older hiring;
- Quiet evolution of the acute appendicitis, with unchanged biological values;
- Adherence to the bag and hernial strangulation through intestinal loop are the etiopathogenic factors of the acute appendicitis through appendix ischemia and secondary circulatory alterations;
- Surgical treatment of both diseases assured the clinical recovery. A patient's refuse of the surgical intervantion leads to the complication of the acute intrasaculare appendicitis.

CONCLUSIONS

Although extensive medical literature describes the clinical sygns and development of acute appendicitis in the hernial sac, with all modern facilities paraclinical diagnosis, Amyand hernia is always a source of intraoperative surprisea, as for Claudius Amyand during its surgical intervention on 6 December 1736 St. George's Hospital in London.

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