

Euro surgery 2020. Acute Tip Appendicitis Contained within a Right Sided Hernia (Amyand's Hernia): A Case Report:

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Abstract: This patient may be a 64 year old male with a PMH of depression, anxiety, COPD, gastritis, and former right hernia repair who presented to the ER with one day of right groin pain that is tender to palpation [1]. On physical exam patient had a soft and non-tender abdomen. An exquisitely tender 2cm x 2cm palpable nodule in the right groin was noted.

Image Article: This patient may be a 64 year old male with a PMH of depression, anxiety, COPD, gastritis, and former right hernia repair who presented to the ER with one day of right groin pain that occurred suddenly the night before. He has never experienced pain like this before and over the counter analgesics didn't relieve the pain. Patient states that the pain is associated with a small bulge in the right groin that is tender to palpation [1]. On physical exam patient had a soft and non-tender abdomen. An exquisitely tender 2 cm x 2 cm palpable nodule in the right groin was noted. CT scan of the abdomen showed a right sided inguinal hernia containing the appendix with acute tip appendicitis. Inguinal hernias containing the appendix are rare and are mentioned as an Amyand hernia. These are usually found during

routine inguinal hernia repairs and are a curiosity for the operating surgeon, but there is little change in the operative management of an open hernia repair when the appendix is easily reducible. Rarer still is the finding of acute appendicitis contained within an inguinal hernia (Figure 1). This finding complicates the management and as such is that case with acute appendicitis-inguinal hernia-surgery-emergency-medicine-appendicitis-inguinal

Figure 1: Acute appendicitis within the inguinal canal.

In this case, the acute appendicitis was the more pressing pathology. It was decided to approach via the standard laparoscopic method used for acute appendicitis. The hernia was easily reduced from the abdominal cavity and the appendix was excised in the usual manner. Pathology report showed acute appendicitis [3]. Due to the acute inflammation, the decision was made to not repair the hernia, and instructed the patient to return for follow-up where an elective inguinal hernia repair with mesh would be planned (Figure 2).