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Mechanical Bowel Obstruction Caused by Incarcerated Left Amyand's Hernia with Acute Appendicitis in Children

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ABSTRACT

Amyand's hernia is rare condition defined as the inclusion of the appendix in an ingunal hernia sac, It is an uncommon and rare condition estimated to be found in approximately 1 % of hernia. However, in just 0.08 %, the condition is complicated by an acute appendicitis. It may present as a tender inguinal or inguinoscrotal swelling. In patients presenting amyand's hernia with mechanical bowel obstruction, signs of acute appendicitis may not be initially recognized. This was the case while our patient was in surgery, as signs suggestive of acute appendicitis were discovered and the patient received appendectomy and herniotomy. Presently, We report a case of Amyand's hernia in a 9-month-old male, who presented as a left-sided congenital hernia with distended abdominal and pain in the left groin. He underwent appendectomy and herniotomy, which revealed that the hernia sac containing elongated inflamed appendix appeared with some adhesions to sac, lying in the inguinal canal.

1. Introduction

Amyand's hernia is an eponymous term used for a specific condition in which an inguinal hernia sac contains the vermiform appendix. It derives its name from the French-born English surgeon Claudius Amyand who described the condition during history's first recorded successful appendectomy in 1735, which was performed on an 11-year-old boy with a perforated appendix in the right inguinal hernia sac. The condition is found in 0.5-1% of all cases of inguinal hernia and 0.07-0.13% of all cases of appendicitis. Amyand's hernia with appendicitis occurs with four subtypes as follows: type 1 involves a normal appendix within an inguinal hernia, type 2 involves acute appendicitis without inflammation, type 3 involves acute appendicitis with abdominal wall or peritoneal inflammation, and type 4 involves appendicitis with related or unrelated abdominal pathology. It may present as a tender inguinal or inguinoscrotal swelling. In patients presenting amyand's hernia with mechanical bowel obstruction, signs of acute appendicitis may not be initially recognized. This was the case while our patient was in surgery, as signs suggestive of acute appendicitis were discovered and the patient received appendectomy and herniotomy.

Clinical Finding

A male patient 9-month-old was brought by his parents to the emergency room with complaints of a abdominal distent accompanied by a lump in the left groin to the left scrotum. From the history, initially the left groin lump until the left scrotum has disappeared

from birth, but since 1 week the lump has settled and the patient's abdomen has distended with pain in the left groin. Defecation has not existed since one week, the patient has vomited since 1 week. There is no fever, no changes in the color of the scrotum, eating and drinking are reduced. History of having a lump in the right groin is absent.

On physical examination, vital signs and generalist status are normal. The patient is moderately dehydrated.

Locally state of abdominal region:

- Inspection : Distended (+), Visible countour (+), Visible peristaltic (+)
- Auscultation : Bowel sound increased
- Palpation : muscle rigid (-)
- Percution : tympani

Locally state of left inguinoscrotal region:

- Inspection : lump at left inguinoscrotal (+), hyperemia (-), transillumination (-)
- Palpation : pain (+)

The patient has obtained supine and lateral abdominal left decubitus rongent from the previous hospital and the impression of mechanical bowel obstruction

In this patient we did rehydration, decompressed by installing NGT, catheter urine, fasted and prepared for herniotomy. Intaoperation apparently in the hernia sac there is a vermiformis appendix and caecum. Appearances of vermiformis appendix and caecum were seen which were still viable with an odor in the vermiform appendix and vermiform appendix adhesions in the hernia sac, then it was decided to do appendectomy and herniotomy.

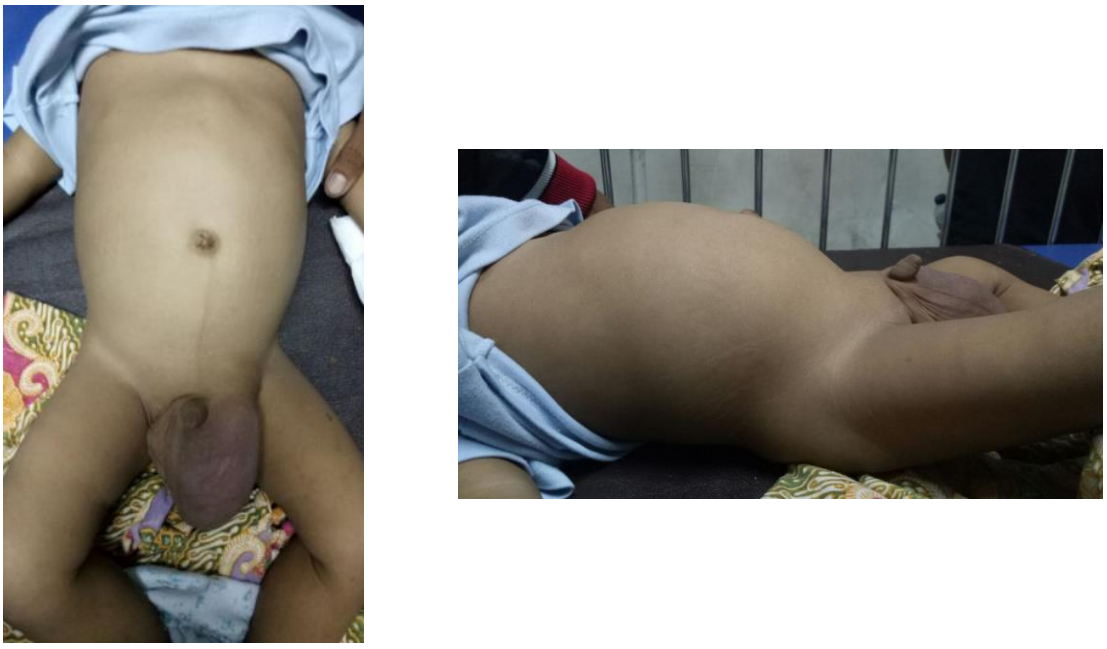

Figure 1. Abdominal

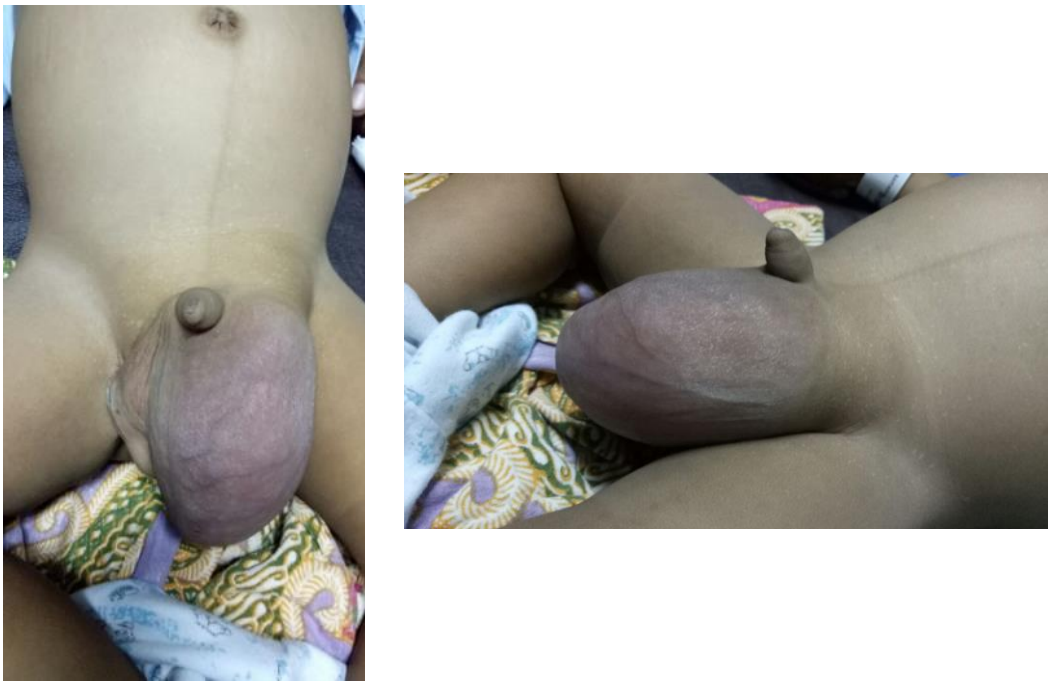

Figure 2. Left inguinoscrotal

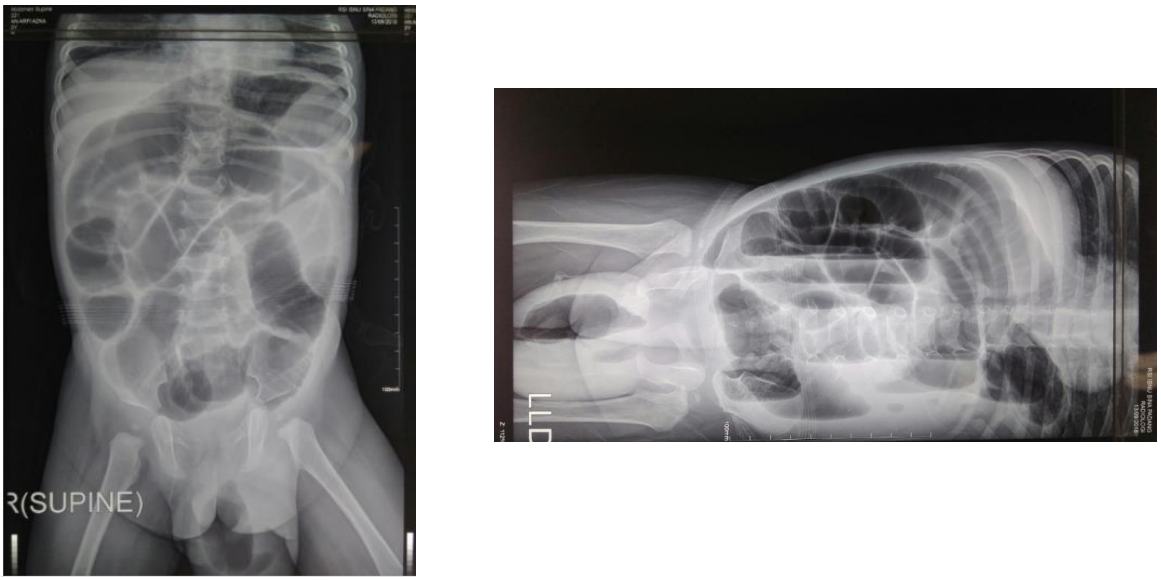

Figure 3. Image of abdominal rongent

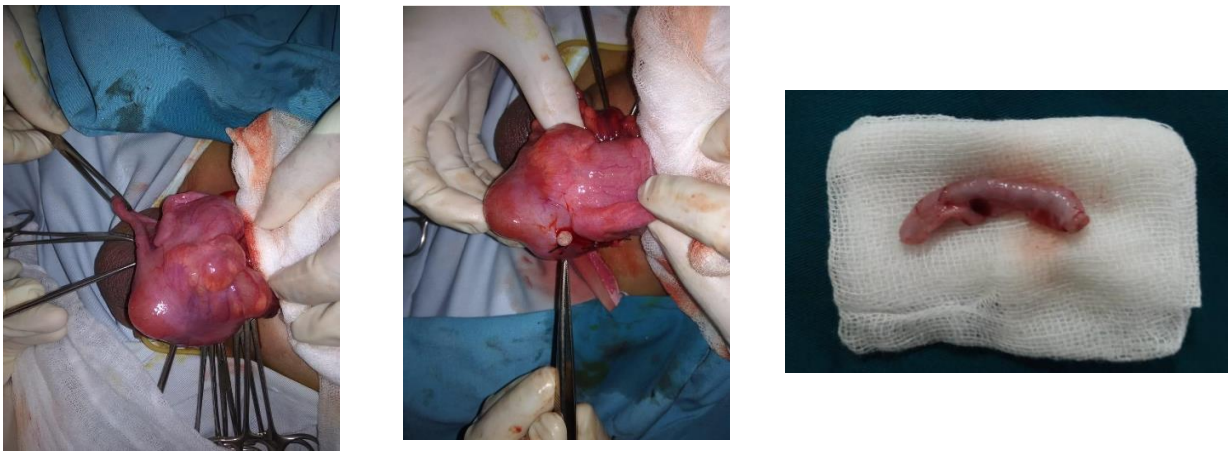

Figure 4. Intraoperation picture

2. Conclusion

In patients presenting amyand's hernia with mechanical bowel obstruction, signs of acute appendicitis may not be initially recognized. This was the case while our patient was in surgery, as signs suggestive of acute appendicitis were discovered and the patient received appendectomy and herniotomy.

3. References

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