

Amyand's Hernia Purpose of a Case Report

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Amyand's hernia is one that contains an inflamed cecal appendix through an inguinal hernia defect¹. It is a rare disease, since it occurs only in 0.13% of cases and the diagnosis is generally made during the perioperative period, since in most cases it is confused with an incarcerated inguinal hernia. The case of a patient with hernia of amyand².

This is a 71-year-old male patient from a rural area, who develops work as a peasant, a patient is admitted with a clinical picture of 7 days of evolution consisting of colicky pain that was increasing in intensity in the right inguinal region, which was it radiated to the ipsilateral external genitalia. Physical examination revealed pain on palpation in the right inguinal region and a very noticeable mass in the inguinal region that reaches the right testicle, not reducible, of liquid consistency, the patient was afebrile. Paraclinical tests were performed that report: Leukocytes 8,360, Hemoglobin: 14.4, Platelets: 175,000 Hematocrit: 41.2 BUN: 12 Creatinine: 0.8.

In a round with the surgeon on duty for the physical examination, he decided to transfer to an emergency operating room due to the high suspicion of incarcerated inguinal hernia with probable strangulation, so imaging studies could not be performed. to the transfer to the operating room under spinal anesthesia, previous antisepsis and asepsis, is done Transverse incision in the right inguinal region by planes up to the inguinal canal, reduction is performed after opening inguinal ring, intestinal content of the cecal appendix was found, later it was released into the cavity without apparent injury, separation of elements of the large hernial sac was performed which was performed high ligation with vycril 1, Mac Vay technique was performed with prolene 1, hemostasis was verified. Face closure with 1 vycril and 3-0 nylon leather. Patient who tolerated the procedure well is

transferred to the floor to continue recovery after 24 hours, the patient is discharged with antibiotic and outpatient analgesic management, patient who returns in 30 days for a control appointment with general surgery where a good healing process is evidenced and hernia does not recur, it is discharged by general surgery

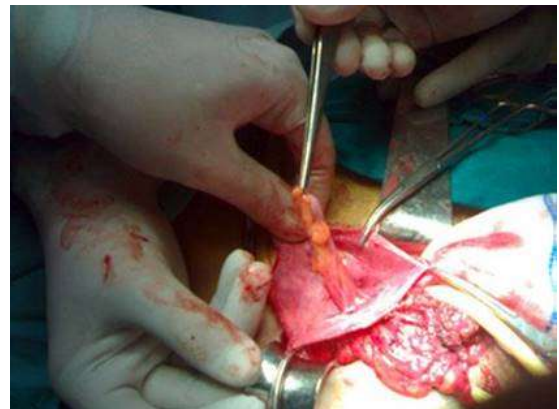


Image 1. Cecal appendix in hernial sac

Source: Taken from Michalinos A, Moris D, Vernadakis R. Amyand's hernia: a case series with critics of role of appendectomy. *Hernia*. 2013



Image 2. Cecal appendix in hernial sac

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Taken from Jose Prieto-Montaño¹⁰, Eduardo Reyna-Villasmil^b, Joel Santos-Bolívar, Amyand's hernia. DOI: 10.1016 / j.gastrohep.2011.01.009 Vol. 34 pages 374-375

A hernia is defined as the profusion of a viscus or part of it through the wall of the cavity that contains it³. It is a relatively common condition of the inguinal region, where the hernial sac may contain omentum or small intestine⁴. However, the presence of a normal appendix within a hernial sac is extremely difficult to diagnose, whereas a high index of suspicion is needed to diagnose acute appendicitis in an inguinal hernia. Amyand's hernia can mimic an incarcerated hernia or intestinal perforation within the hernia. Generally, the diagnosis is peroperative^{5 6}.

We conclude that Amyand's hernias and constitute a rare surgical entity, which due to their clinical characteristics are little suspected and their preoperative diagnosis can be difficult without the help of tomographic images, which is why they can always present as a surprising finding for the surgeon during the surgical act.

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