Letter To Editor

Amyand's hernia: Letter to editor

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To Dear Editor,

Amyand's hernia was first described in 1735, The status of Amyand's hernia can be defined as presence of appendix vermiformis in inguinal hernia sac. The condition of acute appendicitis is not required for the definition of Amyand hernia (1). It consist 1% of all external hernias. Appendectomy is multifactorial and controversial during hernia repair. (2). Here we wanted to present you two cases of Amyand's hernia.

Case 1

Fifty five years old male patient with bilateral inguinal swelling and pain on the right side for the last four months growing, was admitted with complaints of paresthesia on the inguinal area. Family history of inguinal hernia that was stated in the first and second degree relatives. Physical examination showed bilateral inguinal reducted, non-scrotal extension, hernia was present.

Case 2

Sixty-eight-year-old male patient admitted to hospital with right inguinal swelling for 4 years. In his personal history it was understood that he had a left inguinal hernia operation 17 years ago. Reducted inguinal hernia with scrotal extension in the right inguinal region was present in physical examination of the patient.

Both patients were also scheduled for elective inguinal hernioraphy. In the exploration of the spermatic cord indirect hernia sac was observed. In addition to this the hernia sac was opened and it was observed that Vermiform appendix forms a part of the sac wall. Non-inflamed appendix was seen and appendix was rejected in the abdomen, appendectomy is not implemented. Lichtenstein method of hernioraphy were performed. The patients were discharged in the postoperative 2th day without any complication. There were no complaints observed from both of the patients in the first year.

Inflammation of the appendix, determines surgical approach and the type of hernia repair (1). In the presence of appendicitis, hernia repair, with the Bassini or Shouldice technique, due to the high risk of infection was considered to be done without the use of synthetic mesh or plug (2,3).As both of our cases, and in cases where a normal appendix in hernia sac prophylactic appendectomy with hernia repair are usually not accepted. Appendectomy increases the risk of infection compared to the clean procedure (4).

Superficial wound infection increases the morbidity and deep infection may contribute to the recurrence of hernias again(4). After the hernia reduction prosthetic material usage is recommended for long-term success of surgery especially in patients who have family history and who have metabolic problems associated with lack of collagen (3,5).

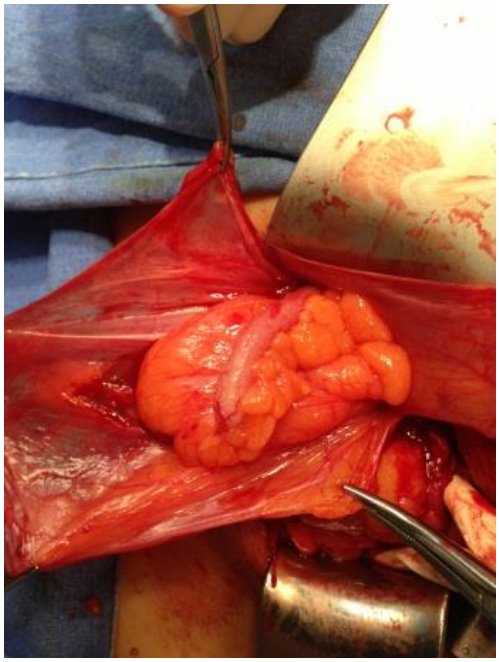

Figure 1. Case 1 non-inflamed and non-erectile appendix forms a part of the sac wall in the anteromedial indirect hernia sac.

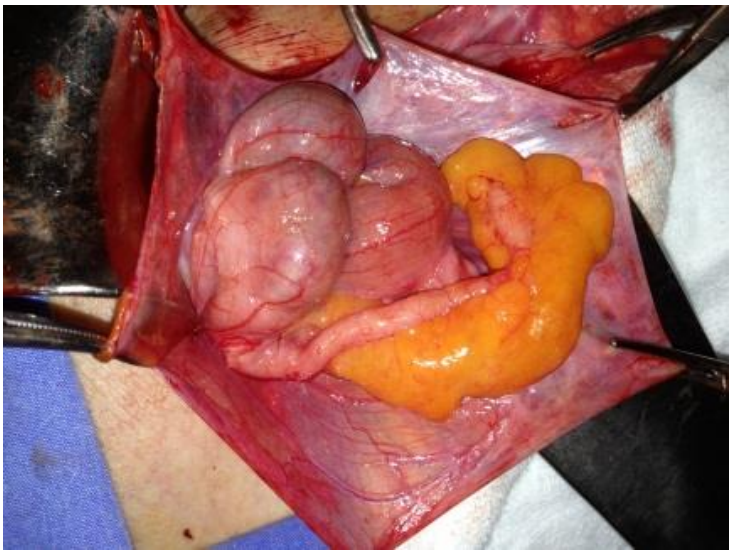

Figure 2. Case 2 non-inflamed and non-erectile appendix in the spermatic cord antero medial sac in indirect hernia, which form a part of the sac wall.

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