

Northeast Georgia Medical Center GRADUATE MEDICAL EDUCATION

# **Background/Introduction**

- In 1736, Claudius Amyand described the presence of an appendix within an inguinal hernia<sup>2</sup>
- Amyand's hernia has been reported in literature to occur in a range of 0.19% to 1.7% of hernia cases
- Rarely, appendicitis can happen within the Amyand's hernia with an estimated rate of 0.07-0.13%<sup>3</sup>
- A perforated appendix incarcerated within an inguinal hernia is rare as well, at 0.1% of all cases of appendicitis<sup>1</sup>
- Appears to be more common in males, but if found in females, they tend to be postmenopausal<sup>3,4</sup>

# **Case Presentation**

- 72-year-old female with significant surgical history presented with RLQ pain with symptoms of fever, chills, nausea and groin swelling.
- Ddx: strangulated inguinal hernia, Fourniers gangrene, abscess, cyst,
- Symptoms began 11 days prior to arrival in ED with referral to General Surgery by Urgent Care.
- Physical exam in ED : firm, nonreducible, erythematous mass in the right inguinal area.
- Labs: WBC 20.2
- CT abdomen Pelvis showed ruptured appendicitis within the right hernial sac with fluid, air and inflammatory changes consistent with abscess formation.
- OR : I&D, laparoscopic appendectomy, closure of right inguinal hernia defect, wound vac to right groin
- Antibiotics: IV Zosyn with switch to Oral ciprofloxacin and metronidazole.
- S/p : No complications, with continued well healing

# Inguinal Hernia: Regular Old Hernia or Something Sinister?

Samantha R Beauchamp DO MS<sup>1</sup>, Sharani U Jayaratne MD<sup>1</sup>, Kris B Fox DO<sup>1</sup>, and Preston A Ball MD<sup>2</sup> <sup>1</sup>Graduate Medical Education- Emergency Medicine Program, Northeast Georgia Medical Center, Gainesville, GA

<sup>2</sup>Department of Emergency Medicine, Georgia Emergency Department Services, Gainesville, GA

#### **Hospital Course**

10/05/23: Present to ED Admitted to Surgery for surgical management and IV Zosyn

10/06/23: Transition to PO Ciprofloxacin metronidazole

regular diet resumed

10/07/23:

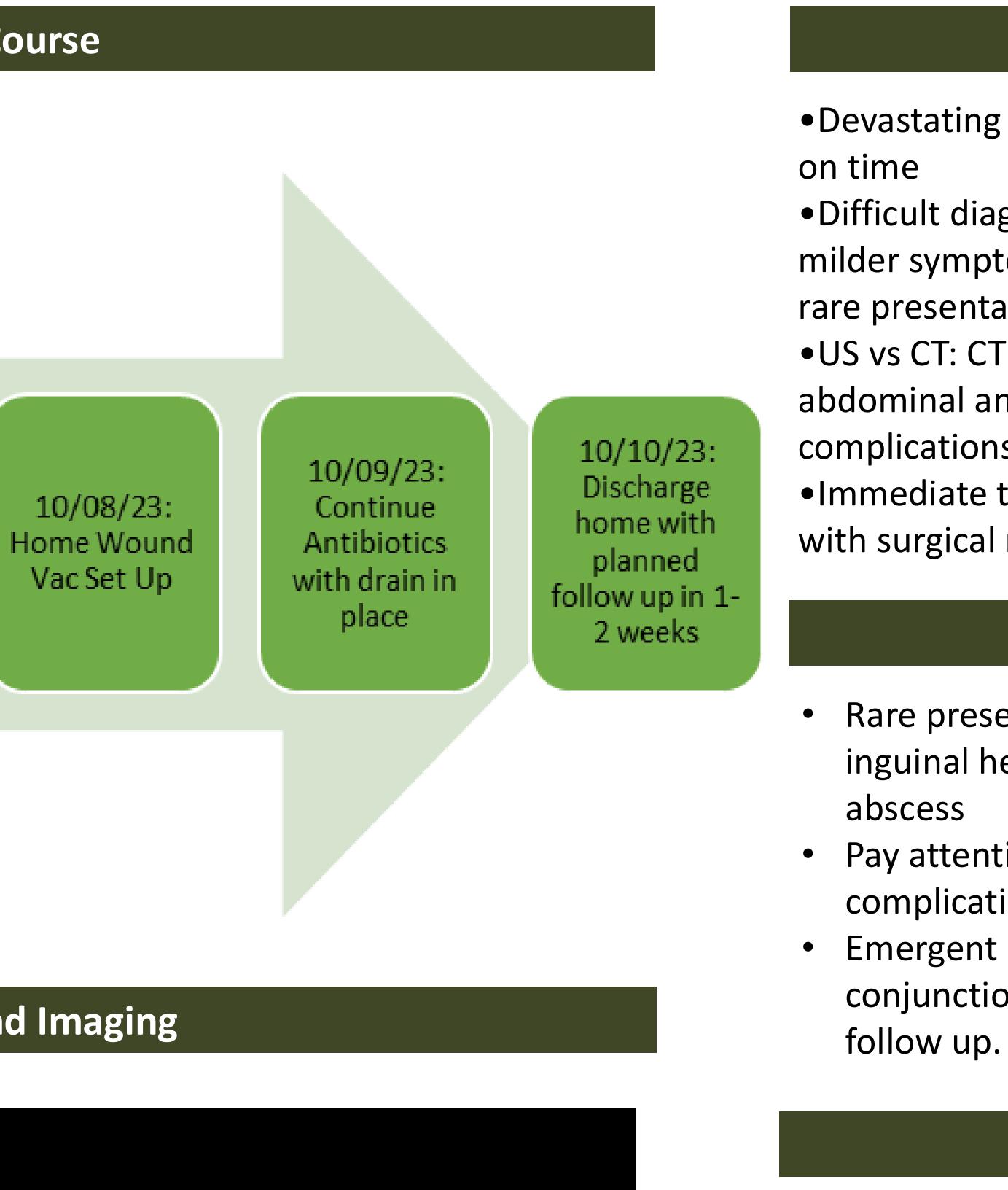
Wound Vac

changed and

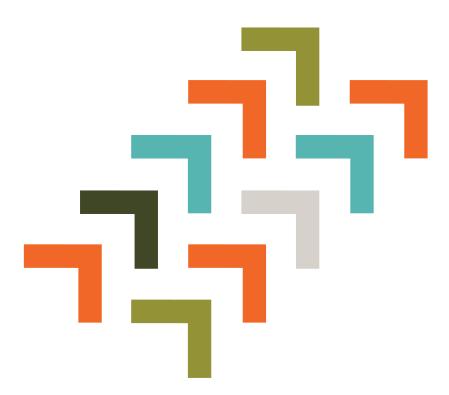
**Diagnostics and Imaging** 



Figure 1 and 2: CT Abdomen Pelvis



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## Discussion

Devastating complications if not found

- Difficult diagnosis due to
- milder symptoms with appendicitis and rare presentation
- •US vs CT: CT scans better as intra-
- abdominal and extra-abdominal
- complications will be shown
- •Immediate treatment important
- with surgical repair, I&D and antibiotics

## Conclusions

- Rare presentation of appendix in
  - inguinal hernia with perforation and
  - abscess
- Pay attention to possible
  - complications
- Emergent surgical management in
  - conjunction with Antibiotics and close

### References

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