

Inguinal Hernia: Regular Old Hernia or Something Sinister?

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Background/Introduction

- In 1736, Claudius Amyand described the presence of an appendix within an inguinal hernia²
- 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%³
- A perforated appendix incarcerated within an inguinal hernia is rare as well, at 0.1% of all cases of appendicitis¹
- Appears to be more common in males, but if found in females, they tend to be postmenopausal^{3,4}

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, non-reducible, 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

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

10/07/23:
Wound Vac
changed and
regular diet
resumed

10/08/23:
Home Wound
Vac Set Up

10/09/23:
Continue
Antibiotics
with drain in
place

10/10/23:
Discharge
home with
planned
follow up in 1-
2 weeks

Discussion

- Devastating complications if not found on time
- 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 follow up.

Diagnostics and Imaging



Figure 1 and 2: CT Abdomen Pelvis

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