

Amyand's Hernia: A Fortuitous Diagnosis

Hérnia de Amyand: Um Diagnóstico Fortuito



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Figure 1 – Amyand's hernia: abdominal and pelvic computed tomography, axial plan, showing the appendix extending into the right inguinal canal without signs of inflammation, infection or perforation

A 59-year-old male patient presented to our hospital with right-sided renal colic. He was successfully treated with ketoprofen and the stone was spontaneously expelled. A computed tomography-scan was performed during this episode and showed the appendix extending into the right inguinal canal (Fig.s 1 and 2). The diagnosis of type I Amyand's hernia was made fortuitously.

Amyand's hernia is a rare occurrence where the vermiform appendix is found in an inguinal hernia sac, looking either healthy or inflamed.¹ It can be an incidental finding

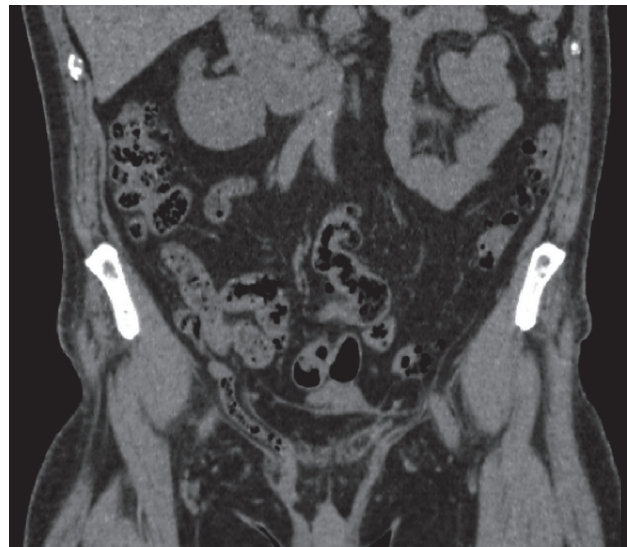


Figure 2 – Amyand's hernia: abdominal and pelvic computed tomography, coronal plan, showing the appendix extending into the right inguinal canal without signs of inflammation, infection or perforation

in imaging or during surgery for incarcerated hernia.² In the case of incidental image finding, the most accepted treatment is appendix preservation.³ When the patient undergoes surgery for incarcerated hernia, reduction and mesh repair should be done when the appendix is healthy, while appendectomy and hernia repair without using mesh should be done when the appendix is inflamed.⁴ Clinicians should be aware of this uncommon disease that can demand specific treatment.

PROTECTION OF HUMANS AND ANIMALS: The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated on 2013. **DATA CONFIDENTIALITY:** The authors declare having followed the protocols in use at their working center regarding patients' data publication. **INFORMED CONSENT:** Obtained. **CONFLICTS OF INTEREST:** All authors report no conflict of interest. **FUNDING SOURCES:** This study received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

REFERENCES

1. Shaban Y, Elkbuli A, McKenney M, Boneva D. Amyand's hernia: a case report and review of the literature. *Int J Surg Case Rep.* 2018;47:92-6.
2. Cigsar EB, Karadag CA, Dokucu AI. Amyand's hernia: 11 years of experience. *J Pediatr Surg.* 2016;51:1327-9.
3. Desai G, Suhani, Pande P, Thomas S. Amyand's hernia: our experience and review of literature. *Arq Bras Cir Dig.* 2017;30:287-8.
4. Patoulias D, Kalogirou M, Patoulias I. Amyand's hernia: an up-to-date review of the literature. *Acta Medica.* 2017;60:131-4.

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