

Case Series

Claudius Amyand Hernia: Reports of 2 Cases: Hospital Fousseyni Dao of Kayes/MALI

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Abstract: The incarceration of the vermicular appendage through the hernia sac is commonly referred to as Claudius Amyand's hernia. It is a rare and exceptional pathology in children providing an acute scrotum. We report the case of a 7-month-old boy with an acute scrotum due to a strangulated inguino scrotal hernia who admitted to pediatric emergencies. The management consisted in a conditioning and a preoperative assessment. An exploration having revealed in the hernia sac an appendix of normal appearance. An appendectomy and a closure of the hernia sac was done. Evolution was uneventful.

Keywords: Amyand's hernia, intra hernia appendage, Infant.

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INTRODUCTION

Claudius Amyand's hernia is characterized by the presence of the vermicular appendix in an inguinal or inguino scrotal hernia, whether the latter is inflammatory or not [1-4]. Claudius Amyand, surgeon to King George II, was the first to describe it in 1735. Since then, the presence of the appendix in an inguinal hernia has been described as "Amyand's hernia" and remains rare of acute scrotum [1, 2]. We present a 1 case of Amyand's hernia discovered during a surgical cure for a strangulated right inguinal hernia in a seven-month-old boy. An appendectomy with resection closing of the hernia sac was done. The operative sequences were simple.

OBSERVATION 1

A 7-month-old male-sex feeder, with no particular history who was admitted to the pediatric emergency department for isolated right inguino-scrotal tumour. A nurturer had a clear consciousness and was stable on the hemodynamic and respiratory plane. Physical examination had revealed a tumefaction during bruising of the right inguinal region. The rest of the clinical examination was unremarkable and the diagnosis

of inguino-scrotal herniation was posed and confirmed by ultrasonography. The preoperative biological balance was unremarkable.

The surgical excision through the inguinal route had allowed to find in the hernial sac the coecum and macroscopically normal appearing appendix. A reduction of the herniated colon was achieved associated with appendectomy resection followed by closure of the hernial sac. The surgical sequences were simple.

OBSERVATION 2

An 18-month-old infant of male sex, with no particular history who consults us for isolated right inguino-scrotal tumefaction. On examination the child had good general condition. Physical examination revealed a hardly reducible tumour of the right inguinal region. the diagnosis of engaged right inguinal-scrotal hernia was posed and confirmed on ultrasonography. Surgical access via the inguinal route had allowed the caecum with an inflamed appendix to be located in the hernial sac. A reduction was achieved associated with appendectomy resection and then closure of the hernia sac. The surgical sequences were simple.



Figure 1: Acute scrotum at admission

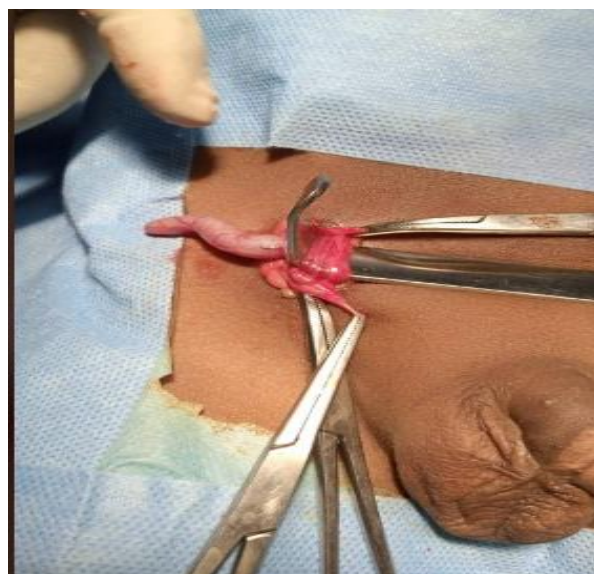


Figure 2: Vermiform appendix and cecum contained in the hernia sac

DISCUSSION

The hernia of "Claudius Amyand" is a rare entity in children and very few studies have been done [1,2]. The incidence of this hernia with a normal appendix in the inguinal hernia sac is about 1% and the associated appendicular complications represent 0.1% [3]. Amyand's hernia can be found at all ages [1,2, 4]. In our context it was a seven-month-old infant. The clinical presentation is polymorphic ranging from isolated inguino-scrotal swelling to a strangulated hernia with or without occlusive syndrome [2,4, 5,7]. Amyand's hernia is rarely diagnosed preoperatively [2,6,7], in our context it was fortuitous discovery. We performed a standard preoperative assessment that was unremarkable, however, a standing thoracoabdominal radiograph or inguino-scrotal ultrasound can be performed when there is an associated complication [2, 3, 4]. A localization on the left during a defect of rotation of the primitive intestinal loop can be found [7]. The management of this pathology usually consists of an appendectomy with reintegration of the herniated colon and resection then

closure of the hernia sac [1-7]. The operative follow-up in the absence of complications is consistent with that of the management of pathologies of the peritoneal-vaginal canal and of the principle appendectomy in certain pathologies.

CONCLUSION

Claudius Amyand's hernia is rare in children. His diagnosis is usually fortuitous. It represents a potentially serious pathology in the event of complications essentially related to the delayed diagnosis. The surgery consists of an appendectomy with resection closing of the hernia sac.

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