An 82-year-old man complained of a 5-day history of discomfort in the right inguinal region. While muscular defense was not apparent, abdominal pressure worsened the symptom. Abdominal computed tomography revealed a vermiform appendix in an inguinal hernia sac, and appendiceal wall thickening and fat stranding was observed. The white blood cell count was 9,800 cells/mm$^3$, and the C-reactive protein level was 2.33 mg/dL. Surgical treatment was immediately performed. The appendix was inflamed and swollen, so appendectomy and hernia repair (Mcvay method) were carried out. A histological examination showed the invasion of inflammatory cells into the submucosal layer, and partial
abscess formation was observed. A vermiform appendix in an inguinal hernia sac is called Amyand’s hernia. Claudius Amyand reported a case of a perforated appendix in a hernia sac in 1735 (1). The incidence of inflamed appendix in an inguinal hernia is 0.1%, and the diagnosis is usually made intraoperatively (2). Surgical treatment for Amyand’s hernia requires two surgical procedures: hernia repair and appendectomy. The preoperative diagnosis is important to ensure a safe surgical operation. This case was diagnosed by computed tomography preoperatively. The arrow indicates the vermiform appendix. A coronal view was thus found to be more useful than a sagittal one for the diagnosis in the present study (Picture 1, 2).

The author states that he has no Conflict of Interest (COI).

References


The Internal Medicine is an Open Access article distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/by-nc-nd/4.0/).