

Case Report

Unusual encounters in a hernia sac

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Received: 04 April 2016

Accepted: 11 April 2016

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ABSTRACT

Contents of a hernia sac are always a surprise. In most cases the contents of the sac determine the type of repair. A case of an inguinal hernia sac containing the appendix along with the dislodged end of a ventriculoperitoneal shunt tube is presented in view of its rarity.

Keywords: Amyand's hernia appendix, Ventriculoperitoneal shunt tube

INTRODUCTION

Inguinal hernia happens to be the commonest hernia. A variety of contents including the appendix have been encountered in a hernia sac giving rise to surgical dilemmas with respect to nature of repair.¹

A case of inguinal hernia sac containing the appendix along with a dislodged tube of a ventriculo peritoneal shunt is presented to highlight the diversity of contents in an inguinal hernia sac.

CASE REPORT

A 20 year old male presented with a right irreducible inguinal hernia. Patient was a known case of hydrocephalus and had undergone shunt (ventriculoperitoneal) surgery. He had consulted a neurosurgeon as the shunt was dysfunctional. The bowel and bladder habits as per history were unremarkable. On general examination the vital parameters were within normal limits.

Physical examination of the patient revealed a right sided irreducible inguinal hernia. Ultrasonography showed

bowel as content of the hernia sac. Haematological investigations did not reveal any abnormality.

Patient underwent surgery for the inguinal hernia. The sac was opened. The contents were appendix with the adjacent portion of caecum and the coiled distal part of the ventriculo peritoneal shunt tube (Figure 1). The tube was lying loose in a coiled state. It was easily removed. As the appendix was normal without any signs of inflammation it was repositioned back into the peritoneal cavity. Herniotomy was performed and a mesh repair was carried out. Postoperative recovery was uneventful.

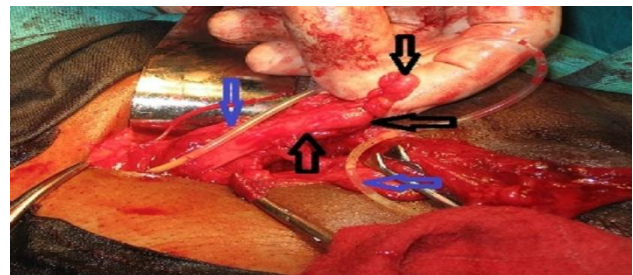


Figure 1: Contents of the sac were the appendix marked by black arrows and the tubing of the ventriculoperitoneal shunt marked by purple arrows.

DISCUSSION

Inguinal hernia still continues to be the most challenging condition in general surgical practice. The patient may present at any time along the spectrum of natural history of the disease ranging from reducible to the strangulated stage.

The biggest surprise are the contents of the sac. An inexperienced surgeon may be baffled by the wide variety of contents. Omentum, small intestinal loops or at times the large intestine are commonly encountered.² However rare encounters such as the appendix may be seen in 0.5-1% of cases.¹ Typically described as Amyand's hernia, the appendix may develop a wide variety of complications rendering the hernia difficult to manage.^{1,3}

Performing an appendectomy for an inflamed appendix is justifiable.^{3,4} However performing a hernioplasty in such a situation is very risky as it increases the chances of surgical site infection. If the appendix is not inflamed and normal it can be repositioned back into peritoneal cavity. Therefore prosthetic repair in an Amyand's hernia is solely guided by the merits of the case as determined by the operating surgeon.⁴

In addition to the appendix the dislodged distal tube of the ventriculo peritoneal shunt was encountered in sac. Ventriculoperitoneal shunt tubes have been encountered in scrotal hernias.^{5,6,7}

In case of dysfunctional shunts it would be a safe practice to perform a contrast enhanced CT scan of the abdomen and scrotum in order to identify the dislodged distal end of the ventriculoperitoneal shunt.⁵ Treatment for such cases is surgical removal of dislodged tube.

CONCLUSION

Contents of an inguinal hernia sac will continue to be an enigma.

Pre-operative CECT in cases of long standing irreducible hernias can help to identify the contents of the sac to avoid surprises and surgical dilemmas.

ACKNOWLEDGEMENTS

We would like to thank the Dean of D.Y. Patil University School of Medicine Navi Mumbai, India for allowing us to publish this case report. We would also like to thank Parth K. Vagholkar for his help in typesetting the manuscript.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Milanchi S, Allins AD. Amyand's hernia: history, imaging and management. *Hernia*. 2008;12(3):321-2.
2. Vagholkar K, Budhkar A, Gulati J. Right subcostal incisional hernia: a surgical challenge. *J Med Sci Clin Res*. 2014;2(10):2625-30.
3. Losanoff JE, Basson MD. Amyand hernia: what lies beneath- a proposed classification scheme to determine management. *Am Surg*. 2007;73:1288-90.
4. Ivashuk G, Cesmebasi A, Sorensen EP, Blaak C, Tubbs SR, Loukas M. Amyand's hernia: a review. *Med Sci Monit*. 2014;20:140-6.
5. Grosfeld JL, Cooney DR, Smith J, Campbell RL. Intraabdominal complications following ventriculoperitoneal shunt procedures. *Pediatrics*. 1974;54(6):781-96.
6. Crofford MJ, Balsam D. Scrotal migration of ventriculoperitoneal shunts. *Am J Roentgenol*. 1983;141(2):369-71.
7. Ozveren MF, Kazez A, Cetin H, Ziyal IM. Migration of the abdominal catheter of a ventriculoperitoneal shunt into the scrotum. *Acta Neurochir (Wien)*. 1998;140(2):167-70.

Cite this article as: Vagholkar K, Pawanarkar A, Vagholkar S, Iyengar M, Pathan K. Unusual encounters in a hernia sac. *Int J Res Med Sci*. 2016;4:1728-9.