DOI:10.5281/zenodo.18805265

ISR Journal of Surgery (ISRJS)

Homepage: https://isrpublisher.com/isrjs/

Volume 02, Issue 02, February 2026 ISSN: 3107-8621 (Online)

Left Strangulated Amyand's Hernia with Catarrhal Appendicitis: A Case Report and Literature Review

El Hamdani Hamza[1], El Hamdani Asmae[1]*, Walid Chair[1], Anas Zghari[1], Bahi Achraf[1], Benhaddi Mohamed Amine[1]

[1]Unit of Surgery B, Department of General Surgery, IBN SINA CHU Rabat, Morocco

***Corresponding author:** El Hamdani Asmae
Unit of Surgery B, Department of General Surgery, IBN SINA CHU Rabat, Morocco

Article History

Received: 09-12-2025

Accepted: 22-02-2026

Published: 27-02-2026

Abstract: **Case Report**

Amyand's hernia is defined as the presence of the vermiform appendix within an inguinal hernia sac. It is a rare condition and appendicitis within the sac is even more uncommon. We report the case of a 47-year-old male admitted with bowel obstruction due to a left incarcerated inguino-scrotal hernia. Intraoperative findings revealed a viable cecum associated with a catarrhal inflamed appendix inside the hernia sac. Reduction of the bowel content followed by Bassini repair without mesh was performed. Postoperative recovery was uneventful. Management depends on the degree of appendiceal inflammation.

Keywords: Amyand's Hernia, Vermiform Appendix, Inguinal Hernia, Appendicitis, Bassini Repair.

INTRODUCTION

Amyand's hernia was first described by Claudius Amyand in 1735 [1]. It is defined as the presence of the appendix within an inguinal hernia sac. Its reported incidence ranges between 0.19% and 1% of all inguinal hernias [2]. Acute appendicitis within the hernia sac is even rarer, accounting for approximately 0.07–0.13% of cases [3]. Most cases occur on the right side due to normal cecal anatomy. Left-sided Amyand's hernia is exceptional and is usually associated with situs inversus, intestinal malrotation, or a mobile cecum [4]. Preoperative diagnosis is uncommon, and the condition is typically identified intraoperatively [5].

Case Presentation

A 47-year-old chronic smoker was admitted to the emergency department with a 48-hour history of bowel obstruction, including abdominal pain and vomiting, without general deterioration. Clinical examination revealed a painful, irreducible left inguino-scrotal hernia without cutaneous inflammatory signs. The patient was hemodynamically stable. Emergency surgery was performed.

Intraoperative exploration revealed a tense hernia sac containing sero-hematic fluid. Aviable cecum and a congested catarrhal appendix were identified within the sac. Progressive recoloration confirmed bowel viability.

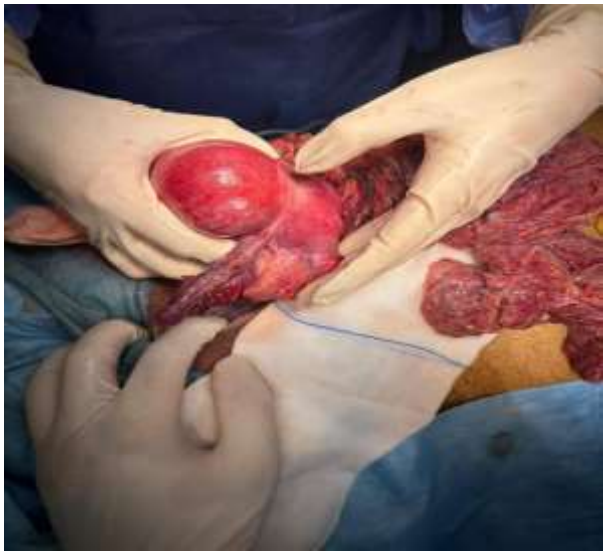

Figure 1: Intraoperative view showing a viable cecum and inflamed appendix within the left inguinal hernia sac (Type II according to Losanoff classification) [6]

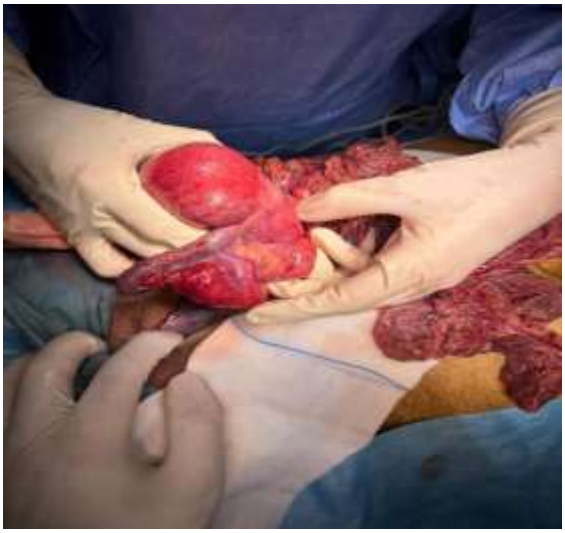

Figure 2: Close-up view of the congested appendix. Bowel recoloration confirmed intestinal viability

The bowel was reduced into the abdominal cavity. Hernia repair was performed using the Bassini technique without mesh. Postoperative recovery was uneventful, and the patient was discharged on postoperative day 2.

DISCUSSION

The pathophysiology of Amyand's hernia remains debated. Appendiceal inflammation may be primary or secondary to vascular compression at the hernia neck [5]. Losanoff and Basson proposed a classification system guiding surgical management [6]. Type I includes a normal appendix; Type II involves appendicitis without peritonitis; Type III includes appendicitis with peritonitis; and Type IV includes appendicitis with additional abdominal pathology. Our case corresponds to Type II. Recommended treatment for Type II consists of appendectomy and primary hernia repair without mesh to reduce infection risk [6, 7]. The use of prosthetic mesh in contaminated fields remains controversial due to the risk of surgical site infection [7]. Left-sided cases should prompt evaluation for anatomical anomalies such as mobile cecum or malrotation [4]. Prognosis depends mainly on timely management and absence of septic complications [3].

CONCLUSION

Amyand's hernia is a rare surgical entity usually diagnosed intraoperatively. Management should be tailored according to the degree of appendiceal inflammation. Left-sided cases are exceptional and may be associated with anatomical variations.

REFERENCES

1. Amyand, C. Of an inguinal rupture with a pin in the appendix caeci. Philos Trans R Soc Lond. 1736.
2. D'Alia, C *et al*., Amyand's hernia: case report and review. Hernia. 2003.
3. Michalinos, A *et al*., Amyand's hernia: a review. Am J Surg. 2014.
4. Singal, R *et al*., Left-sided Amyand's hernia. Case Rep Surg. 2015.
5. Sharma, H *et al*., Amyand's hernia: a report of 18 patients. Hernia. 2007.
6. Losanoff, J. E., & Basson, M. D. Amyand hernia: classification and management. Hernia. 2008.
7. Weber, R. V *et al*., Amyand's hernia: etiologic and therapeutic implications. Am Surg. 1999.