"What's this Lump?" A Case of Lower Abdominal and Groin Pain

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Case History

- 50 year old Male with bilateral inguinal hernias presents for lower abdominal/ groin pain
- While straining 3 hours ago felt severe pain on R side with swelling, hernia on R side is now tender
- Has not tolerated PO since, 1 episode of vomiting, no BM or flatus

Physical Exam

Vital signs: Temp: 36.9, HR: 58 BP: 160/91, RR: 18 O2: 98% on RA

Abdomen: mildly distended, bowel sounds present, soft, non-tender to palpation negative Mcburney's and Murphy's signs

GU: Right inguinal hernia 4cmx 8cm, soft with multiple bowel loops, non-tender to light palpation, tender when reduction attempted. Not completely reducible. Left inguinal hernia, 1cm x 3cm without loops of bowel, non-tender and reducible.

Imaging Questions

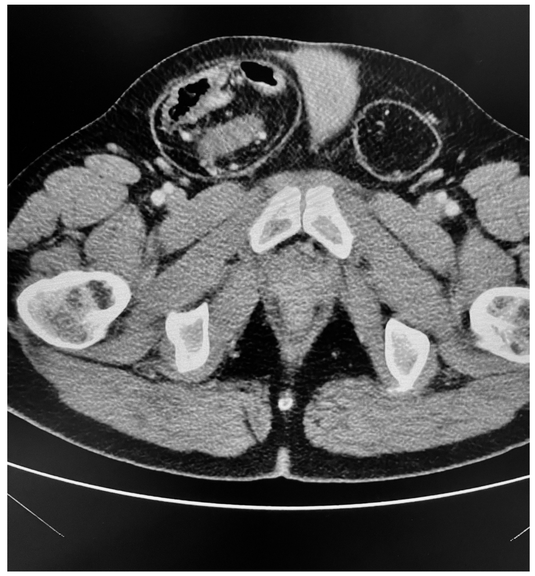
- Based on the CT images provided can you identify the cause of the patient's pain?
- What physical exam findings may have indicated this was different than a classic incarcerated inguinal hernia presentation? What should be on the differential diagnosis for this presentation?

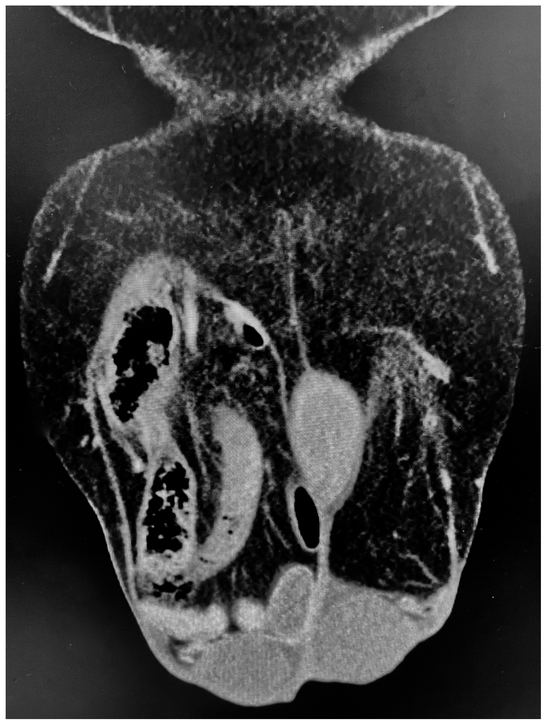
Laboratory Results

Test	Value
Na	138
K	3.7
Bicarb	26
BUN	8
Cr	0.79
Glucose	128
AST	21
ALT	20
Total Bili	1.1
Lactic acid	1.2

Test	Value
WBC	16.8
Hgb	15
Hct	43.9
Plt	212

CT Images





Imaging Answers

- The patient has a R sided inguinal hernia that contains multiple bowel loops as well as the appendix, making it an Amyand's hernia. It became acutely painful secondary to an appendicolith causing appendicitis within the hernia.
- Initial presentation was concerning for an incarcerated vs strangulated hernia. However given that the hernia was very large and soft, it is important to consider other intraabdominal pathologies such as bowel obstruction, or appendicitis. Given that this is an inguinal hernia, it is also important to consider GU pathologies such as testicular torsion

Take Away Pearls

Amyand's Hernia refers to any hernia that contains the appendix. These are rare, and are thought to occur in 0.19-1.7% of the population. Acute appendicitis within these hernia's is even more rare, thought to occur in 0.07-0.13% of inguinal hernias.

Amyand's hernias often mimic an incarcerated hernia, with a painful inguinal lump that is not reducible. They have historically been incidentally found during surgery for presumed incarceration.

An Amyand's hernia is only diagnosed preoperatively when CT scan is ordered to rule out obstruction vs strangulation or other pathology. Ultrasound can also be used, however CT is gold standard.

References

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