The Benefits of Hernioscopy for Type 3 and 4 Amyand's Hernia

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Dear Sir,

We have read, with interest, the case report entitled “Amyand's hernia: a case of an unusual inguinal herniace” by Mishra et al. [1] in the *Indian Journal of Surgery*. The authors presented a case of Amyand's hernia, a rare condition, reported with all treatment aspects. The symptoms and signs of acute appendicitis are marked, especially by the incarcerated inguinal hernia, preventing preoperative diagnosis of this rare situation. The operative approach is shaped according to the localization of the condition of the appendix within the hernial sac and the presence of additional pathologies. Additional pathologies which could be found include appendicular ischemia, necrosis and perforation causing peritonitis, abscess formation, or bowel obstruction. In a surgical opinion, if an appendectomy cannot be performed easily (due to anatomy, immobile cecum, or infection) or laparotomy is required (with relation to additional pathologies), hernioscopy is an alternative method to laparoscopy as an initial procedure, previous to laparotomy. In the hernioscopy, the trocar is

placed from the dissected hernial sac through the abdominal cavity [2]. With the help of this, one is able to explore the peritoneal cavity without the need for laparotomy, especially for type 3 and 4 Amyand's hernia, as classified by Losanoff and Basson [3]. If it is needed, a laparoscopic appendectomy (or any kind of laparoscopic procedure) can be done by inserting the other trocars. This simple method helps prevent unnecessary laparotomies, especially for a complex and unusual inguinal herniace.

Conflict of Interest None

References

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