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# Clinical Image of the Rare Co-existence of Amyand's and Littre's Hernia

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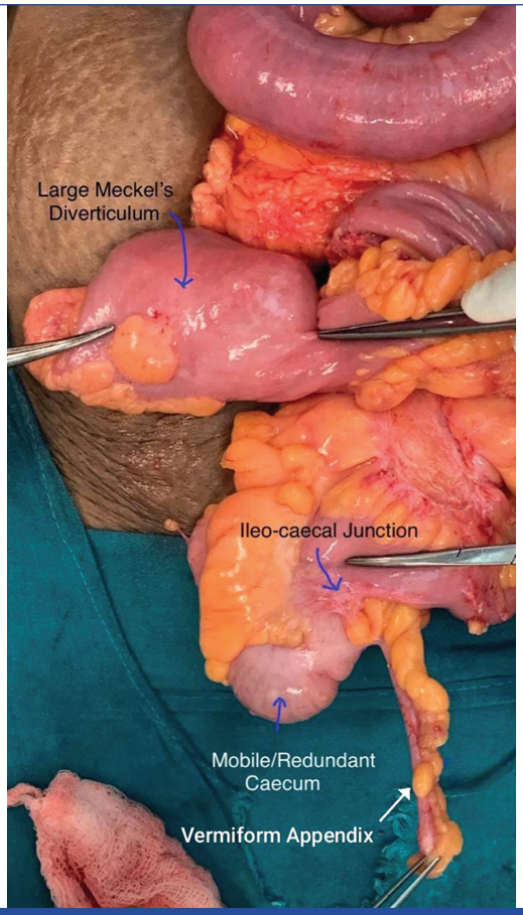
A 70-year-old male presented to the Department of General Surgery with a chief complaint of a reducible swelling in the right inguinal region, which had been progressively increasing over the past 10 years. Occasionally, the patient experienced discomfort in the same region. He had no history of trauma, systemic illness, or prior surgeries, but reported a history of strenuous physical activity for nearly 30 years. There was no history of abdominal pain, vomiting, or constipation. On examination, a soft, reducible swelling with a positive cough impulse was noted in the right inguinal region. Based on the clinical findings, a diagnosis of right reducible inguinal hernia was made.

All preoperative investigations, including ultrasonography, were performed, and the patient was scheduled for Lichtenstein hernioplasty under spinal anesthesia. During surgical exploration of the hernia sac, the contents were found to include the appendix, a large Meckel's diverticulum, and notably, a redundant caecum-a rare finding often associated with right indirect inguinal hernias, as shown in [Table/Fig-1]. Preoperative diagnosis of such cases is challenging due to the absence of specific symptoms, and the diagnosis is almost always confirmed intraoperatively based on the sac contents.




**[Table/Fig-1]:** Intraoperative view showing appendix (Amyand's hernia) and Meckel's diverticulum (Littre's hernia) within the hernia sac.

The coexistence of the appendix and Meckel's diverticulum within the same hernia sac led to the diagnosis of both Amyand's and Littre's hernia. The contents of the sac were reduced into the peritoneal cavity, as there was no indication for appendectomy or resection of the Meckel's diverticulum. Appendectomy is advised only when the appendix is inflamed or compromised, while resection of a Meckel's diverticulum is required in cases of inflammation or ischemia. In the present case, operative findings revealed a normal, non-inflamed appendix. Therefore, hernia repair was completed using a prolene mesh [1].

In India, inguinal hernia is a common clinical condition managed by general surgeons and is associated with notable morbidity and mortality. Globally, inguinal hernias account for approximately 75% of all abdominal wall hernias [2]. Repair of inguinal hernias is among the most frequently performed general surgical procedures worldwide, comprising nearly 10-15% of all surgeries [3]. In India, an estimated 1,957,850 new cases of inguinal hernia are reported annually [4]. The most commonly performed operative technique is open hernioplasty (Lichtenstein's procedure), followed by herniotomy and herniorrhaphy.

The main differential diagnoses considered in the present case included inguinal lymphadenopathy, femoral hernia, undescended testis (cryptorchidism), and hydrocele. Inguinal lymphadenopathy was excluded due to the absence of systemic symptoms such as fever and the lack of firm, non-reducible lymph nodes on examination. Femoral hernia was ruled out as the swelling was located above the inguinal ligament and medial to the pubic tubercle-findings consistent with an inguinal rather than a femoral hernia [5]. Undescended testis was excluded as both testes were palpable in the scrotum [6]. Hydrocele was also ruled out because the swelling was reducible [7].

Amyand's hernia, defined as the presence of the appendix within an inguinal hernia sac, and Littre's hernia, involving herniation of a Meckel's diverticulum, are both rare clinical entities [8]. Their coexistence in the same hernia sac is exceedingly uncommon, making the present case particularly unique. A redundant cecum, another rare intraoperative finding, may be overlooked if not carefully examined. It refers to an anatomical variation in which the cecum is enlarged, elongated, or abnormally positioned, and may appear tortuous [9]. In a study by Garude K. and Rao S., a mobile or redundant cecum was identified as a rare but significant cause of right lower quadrant pain, and they emphasised the diagnostic importance of recognising this condition, noting that cecopexy provides effective management in symptomatic cases [10]. A redundant or mobile cecum is considered a predisposing factor for cecal bascule, the rarest form of cecal volvulus, and is often diagnosed incidentally during surgery [11].

The present case highlights the importance of meticulous intraoperative examination to identify uncommon hernia sac contents. Surgical intervention remains the cornerstone of management for inguinal hernias, particularly those with rare presentations. The use of a tension-free mesh repair technique ensures safe and optimal long-term outcomes.

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