AMYAND'S HERNIA AND GARENGOT'S HERNIA: A SERIES OF CASES

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Introduction

The Amyand hernia is an inguinal hernia that contains the normal cecal appendix or in a **state of acute appendicitis**. Likewise, the Garengeot hernia is a femoral hernia where the appendix is **located inside** said hernia and is almost always incarcerated, the first described by Claudius Amyand in 1735 and Rene Jacques Croissant de Garengeot who first described the De Garengeot hernia in 1731. The other important entity in these two pathologies is the **association** with acute appendicitis due to intraluminal obstruction generated by **increased pressure in the hernial neck** that limits blood flow, thus forming inflammation and bacterial proliferation.

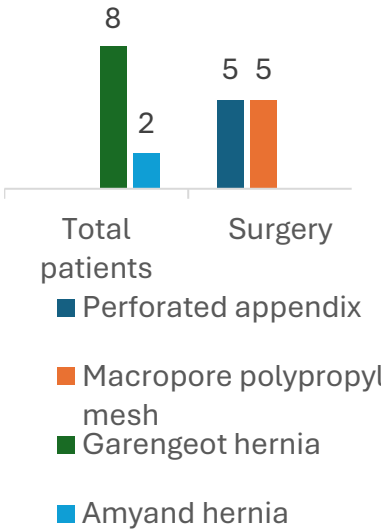
Methods and procedures

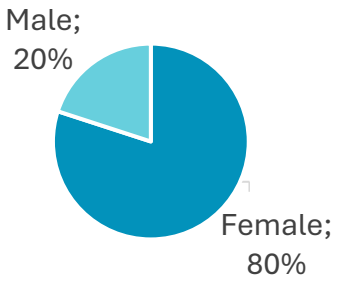
An observational, retrospective and descriptive study is carried out on patients who were managed in two tertiary institutions in the city of Bogotá, Colombia.

Variables
Sex, age, clinical symptoms, type of hernia, surgical approach, type of mesh, hospital stay, intraoperative complications, reintervention and mortality

Results

During the time of the study, 8 patients who presented Amyand hernia and Garengeot hernia were operated on, 6 of them presented Amyand hernia and 2 of them Garengeot hernia, 80% were female and 20% were male, all patients underwent surgery. **Open surgical approach**, 5 perforated appendix, 5 with macropore polypropylene mesh, hospital stay was 1.4 days, **no patients presented intraoperative complications, no surgical reinterventions, zero mortality**.





Conclusions

Both pathologies are rare in presentation and should be known by general practitioners, general surgery residents and general surgeons, taking them into account as a differential diagnosis and knowing which is the best optimal surgical technique for repair and whether or not the use of mesh to reduce recurrence.

References

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