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Strangulated Amyand Hernia Complicated by Ceacal Perforation Due to Shelled Sunflower Seed Impaction

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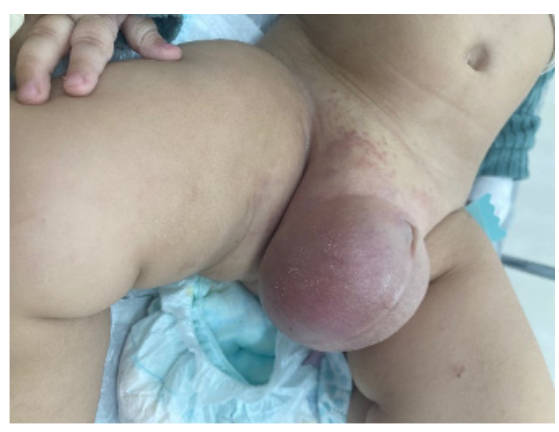
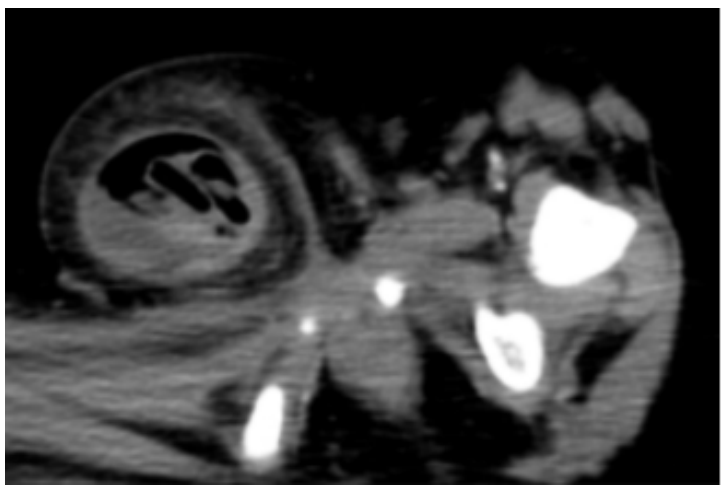
With ongoing debate over the need for appendectomy in Amyand hernia repair, could such cases be even more unpredictable and complex than expected?

A 1-year-old-male
Bilateral scrotal swelling for the last month
A recent onset of vomiting

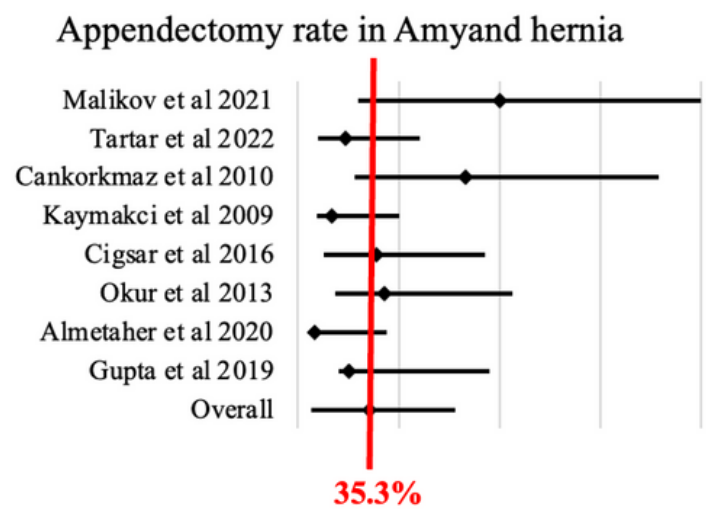


Severe hyperemia of the scrotum
Bilateral scrotal edema
Tenderness in the right scrotum

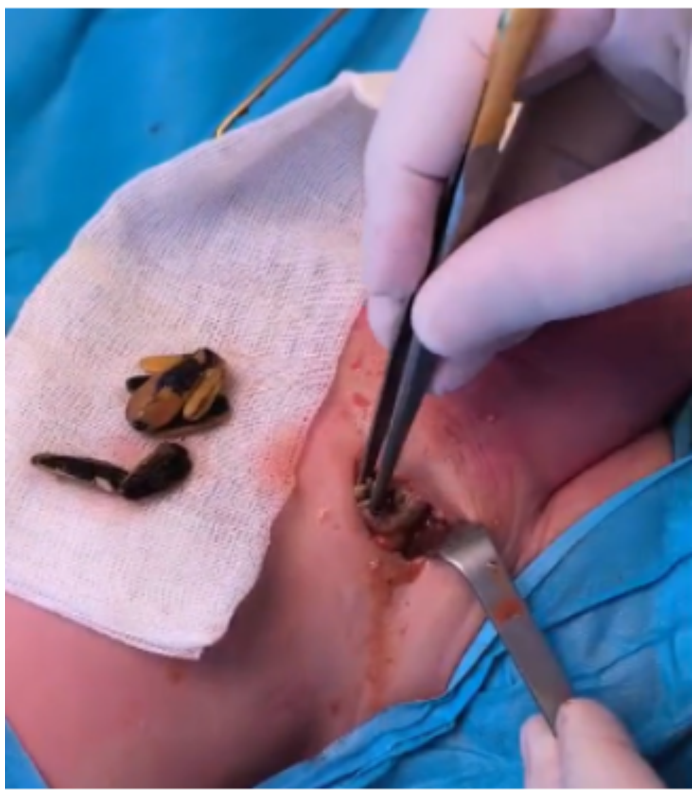
WBC: 14,000/μL
CRP: 308 mg/L
PCT: 100 ng/mL

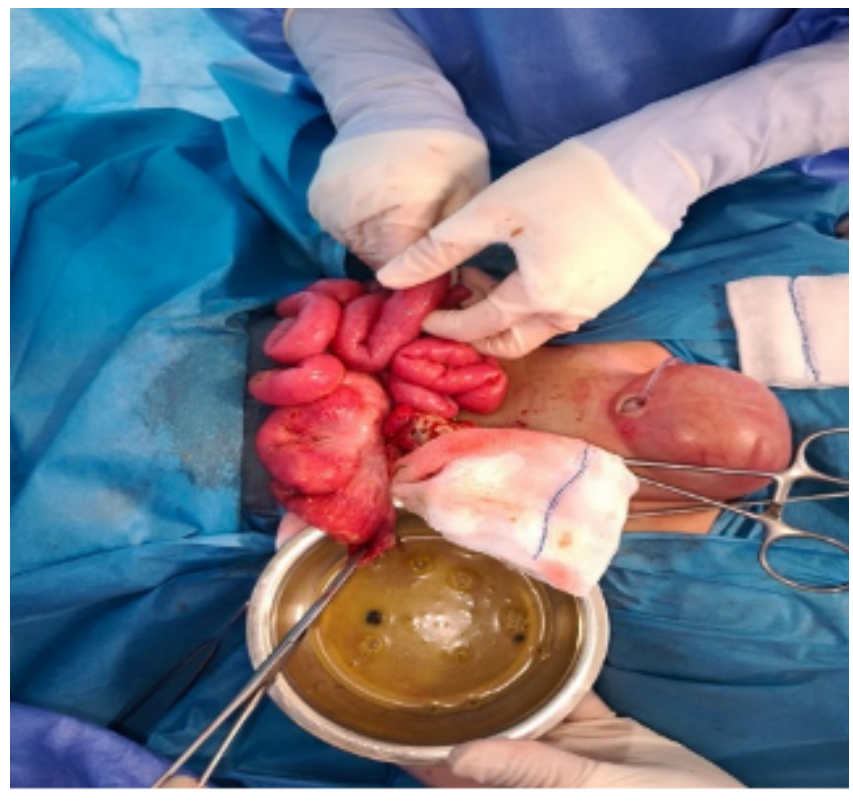


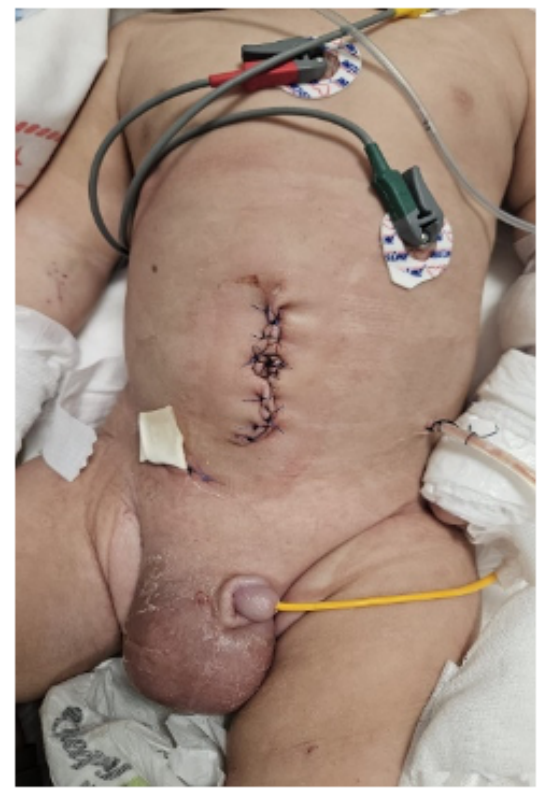
X-ray: Air-fluid levels
US: Bilateral septated fluid collections up to 2 cm.
CT: Air-fluid levels and herniated bowel loops.



- Numerous shelled sunflower seeds spread from the perforated cecum into peritoneal cavity and scrotum.
- Seeds and purulent material were aspirated.
- The terminal ileum, cecum, and appendix were highly ischemic with perforation and necrosis.
- Resection of approximately 5 cm of the terminal ileum, ileocecal valve, and cecum.
- Ileocolic anastomosis was performed between the terminal ileum and ascending colon.
- The inguinal ring closed.
- Drain placed in the rectovesical space; a Penrose drain is inserted via an inguinal incision.
- Patient monitored in ICU for 10 days due to sepsis.
- Discharged on postoperative day 15.







This rare case underscores the importance of considering Amyand hernia in pediatric patients presenting with scrotal swelling, as delayed diagnosis may lead to severe complications requiring extensive surgical intervention and intensive care. Moreover, regardless of whether Amyand hernia is suspected or not, strangulated hernia should always be considered in any case of scrotal redness. While the debate continues regarding whether to resect the appendix in elective cases of Amyand hernia, this case highlights that leaving the appendix in place may result in such a severe clinical scenario.