

In this patient, it was decided to hold the local surgical resection with ampulectomy, because it showed the tumor >4 cm, histopathological (obtained for seven biopsies) was compatible with villous adenoma, freezing intraoperatively confirmed the nature benign lesion and clinically the patient had comorbidities and high surgical risk.

REFERENCES

1. COELHO, Júlio Cezar Uili. APARELHO DIGESTIVO – CLÍNICA E CIRURGIA. 3rd edition. Atheneu.
2. WIEDERKEHR, Julio Cesar. COELHO, Julio Cezar Uili. SIGWALT, Marcos Fabiano. NASSIF, Aissar Eduardo. Adenoma viloso da ampola de Vater. Revista do Colégio Brasileiro de Cirurgiões. Volume XXV. Número 6.
3. YEO, Charles. DEMPSEY, Daniel. KLEIN, Andrew. PEMBERTON, John. PETERS, Jeffrey. SHACKELFORD'S SURGERY OF THE ALIMENTARY TRACT. 2007. 6th edition.
4. YEO, CJ. CAMERON, JL. Six hundred fifty consecutive pancreaticoduodenectomies in the 1990s: pathology, complications, and outcomes. Ann Surg 1997; Sep; 226(3): 248-57.
5. ZINNER, Michael. ASHLEY, Stanley. MAINGOT – Abdominal Surgery. 2011. 11th edition.

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Carta ao Editor

ATYPICAL ORIGIN OF THE COMMON HEPATIC ARTERY

Origem atípica da artéria hepática comum

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INTRODUCTION

Anatomical variations of the hepatic artery are commonly found during radiological examinations and abdominal operations^{1,89}. It is estimated that the variation index reach 45% of the population⁸. The significant prevalence gives this type of variation major medical importance, and justifies the surgeon know it to avoid iatrogenic injury.

The usual blood vessel anatomy is the common hepatic artery ascend from the celiac trunk⁸; however, this arrangement may change due to embryonic variations. These variations, from most to least frequent are: 1) the right hepatic artery ascend from the superior mesenteric artery; 2) the left hepatic artery ascend from the left gastric artery; 3) the two events occur simultaneously; and 4) the common hepatic artery ascend from the superior mesenteric artery.

In this article, is reported the occurrence of the fourth situation. According to the literature, there is no consensus on the criteria for designation of this variation. Therefore, it can be described in two ways: consider it a hepatomesenteric trunk - giving rise to the superior mesenteric artery and common

hepatic artery - or it can be said that the common hepatic artery arises as a branch of the superior mesenteric artery.

The objective of this paper is to present a case and emphasize the prevalence of anomalous positions of the hepatic arteries and their possible implications.

CASE REPORT

It was observed in a male corpse, common hepatic artery originating from the superior mesenteric artery, located 3.5 cm lower and lateral from the celiac trunk, forming a hepatomesenteric trunk. The other branches of the celiac trunk were normal and exhibited the typical path (Figure 1).

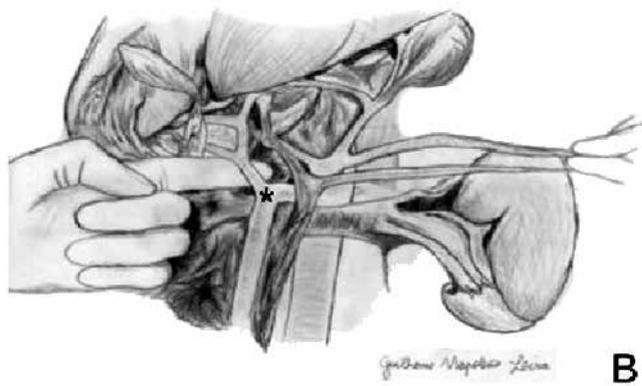
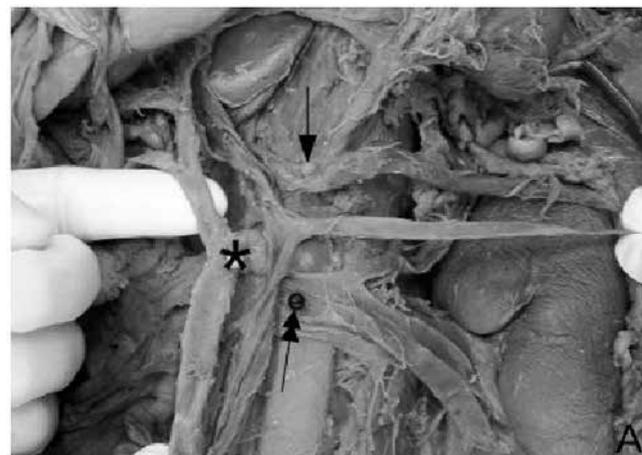


FIGURE 1 - A) Photograph of the abdominal cavity of the corpse with some vessels in evidence: the left renal vein (double arrow), celiac trunk (single arrow) and the hepatomesenteric trunk (indicated by *); B) illustration of the same photo, highlighting the hepatomesenteric trunk (indicated by *).

DISCUSSION

Variations of the hepatic artery have embryological basis¹⁰. During intrauterine development, there is the formation of four ventral splanchnic vessels, connected by a ventral longitudinal anastomosis. With the maturation of these, the two central roots degenerate. Thus, the first and fourth roots which form respectively the celiac artery and superior mesenteric artery anastomoses remain. If the separation between them occurs at different level of the standard pattern, any vessel in the celiac trunk can be shifted to the superior mesenteric artery. This situation appears in this case report: with the anomalous roots separation, there was formation of a hepatomesenteric trunk and other gastrosplenic.

Several studies^{1,2,3,4,5,6,7,8,9,10,11} report different variations. The most representative of them is to Hiatt et al.⁵ with a sample of 1000 people. The variation here presented (common hepatic artery + superior mesenteric artery) is of uncommon occurrence with an average of 2%. This value agrees well with the values found in other articles, ranging from 1.6% to 3.5%.

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REFERENCES

1. Arjhansiri K, Charoenrat P, Kitsukjit W. Anatomic variations of the hepatic arteries in 200 patients done by angiography (resumo). J Med Assoc Thai. 2006 Sep; 89 Suppl 3: S161-8.
2. Bertevello P L, Chaib E. Variações do sistema arterial hepático e sua aplicabilidade na bipartição do fígado: estudo anatômico em cadáveres. Arq. Gastroenterol. 2002, vol.39, n.2 [cited 2010-12-04], pp. 81-85.
3. Chen H, Yano R, Emura S, Shoumura S. Anatomic variation of the celiac trunk with special reference to hepatic artery patterns (resumo). Ann Anat. 2009 Oct; 191(4): 399-407.
4. Freitas A C T, Coelho J C U, Matias J E F et al. Anatomia arterial hepática: estudo em 150 transplantes hepáticos. Rev. Col. Bras. Cir. 2001, vol.28, n.1 [cited 2010-12-04], pp. 13-16.
5. Hiatt J R, Gabbay J, Busuttill R W. Surgical anatomy of the hepatic arteries in 1000 cases (resumo). Ann Surg., 1994 Jul, 220(1): 50-2.
6. Koops A, Wojciechowski B, Broering D C. Anatomic variations of the hepatic arteries in 604 selective celiac and superior mesenteric angiographies. Surg Radiol Anat, 2004 Jun 26(3): 239-44.
7. Lopez-Andujar R, Moya A, Montalva E, Berenguer M Et Al. Lessons learned from anatomic variants of the hepatic artery in 1,081 transplanted livers (resumo). Liver Transpl, 2007 Oct 13(10): 1401-4.
8. Soares R V, Coelho J C U, Matias Jef, Zeni Neto C., Freitas A C T, Godoy J L. Anatomia da artéria hepática em doadores e receptores de transplante hepático intervivos. Rev Col Bras Cir. 2006 Mar-Abr, 33(2).
9. Mburu K S, Alexander O J, Hassan S, et al. Variations in the Branching Pattern of the Celiac Trunk in a Kenyan Population. Int. J. Morphol. 2010, vol.28, n.1 [citado 2010-12-05], pp. 199-204 .
10. Ottone N E, Agustín A M, Domínguez M L et al. Arterias Hepáticas Aberrantes: Estudio en 64 Cadáveres Disecados. Int. J. Morphol. 2006, vol.24, n.4 [citado 2010-12-05], pp. 581-585 .
11. Song S Y, Chung J W, Yin Y H et al. Celiac axis and common hepatic artery variations in 5002 patients: systematic analysis with spiral CT and DSA. Radiology, 2010 Apr 255(1): 278-88.

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AMYAND'S HERNIA: INGUINAL HERNIA WITH ACUTE APPENDICITIS

hérnia de amyand: hérnia inguinal com apendicite aguda

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INTRODUCTION

The presence of a vermiform appendix inside a hernial sac is not a common condition⁷. In the literature, the reported incidence is around 1% of all hernias⁶. It is even rarer to find an acute appendicitis inside the inguinal hernia⁴.

When the cecal appendix, inflamed or not, is found in the inguinal sac, it is called an Amyand hernia⁵. This kind of hernia is more frequent in men and pre-operative diagnosis is not easy⁹. It must be suspected in patients with a tense inguinal hernia with no signs of intestinal obstruction. The appendectomy will always be carried out at the same time as the repair of the hernia.

The aim of the present study is to present a case of acute appendicitis within a right inguinoscrotal hernia and to review the literature.

CASE REPORT

A 35-year-old male farmworker arrived at the General Surgery Service of the Hospital Universitário Oswaldo Cruz, Recife, Pernambuco, Brazil. He reported the appearance of a mass in the right inguinoscrotal region for around one month without pain. Two days previously he had begun to experience epigastric pain with nausea and vomiting. He visited his local health service and received treatment for gastritis. As the pain continued and was located in the right iliac fossa, he was admitted to hospital. A physical examination revealed a heart rate of 100 bpm, a respiratory rate of 21 ipm, PA=130x80 mmHg and an inguinoscrotal hernia on the right side with slight irritation of the peritoneum. He was referred for surgery and the procedure revealed an inflamed appendix with purulent secretion at its apex within the hernial sac. As surgical access was by transverse incision of the inguinal hernia, it was decided to perform the appendectomy and the Bassini repair of the hernia simultaneously (Figure 1). Antibiotic prophylaxis with metronidazole and ceftriaxone was carried out for 24 hours. After two days, the patient was discharged from hospital with no complications. The result of a biopsy confirmed the appendicitis.



FIGURE 1 – Inflamed cecal appendix in a right inguinoscrotal hernia

DISCUSSION

Some authors believe that a cecal appendix in an inguinal hernia was first described by De Garengot in