

Late-onset deep mesh infection after inguinal hernia repair

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Introduction

Late infection is a potential complication of mesh repair for hernias. However, a limited number of cases have been reported in the literature to date describing late-onset deep mesh infection following inguinal hernia repair.

Case Report

A 65-year old male patient admitted to hospital with general fatigue, inguinal swelling and local hyperemia. He had an open inguinal hernia repair with polypropylene mesh for a right-sided indirect inguinal hernia sixty-one months ago. In physical examination, the patient had a normal temperature and multiple palpable inguinal lymphadenopathies. The swelling was firm and painful, and the overlying skin was red in color (Figure 1). There was a mild leukocytosis with a sedimentation rate of twice its upper limit. Ultrasound showed a 31x12 mm cavity which contained fluid like hypo-anechoic pus. Abdominal-pelvic computed tomography demonstrated a pre-peritoneal mass closely adhering to the small bowel (Figure 2). Eventually, pus was drained surgically and the mesh was removed (Figure 3). The wound was left open for secondary healing. Methicilline resistant staphylococcus aureus was isolated from culture. The wound was irrigated with saline and dressed with antibacterial pomade daily. The wound completely healed at 2 months. No sign of hernia recurrence was detected.

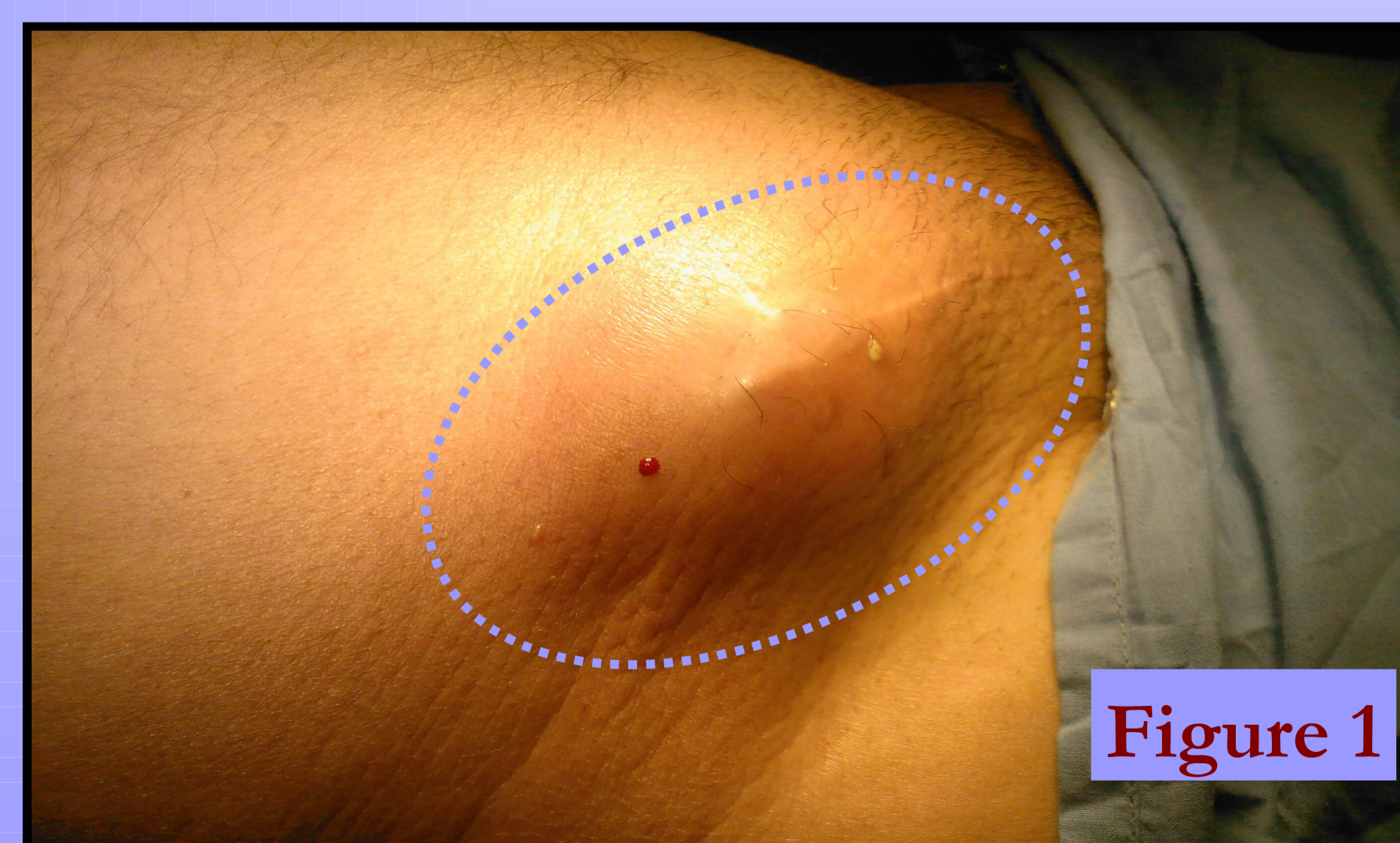


Figure 1

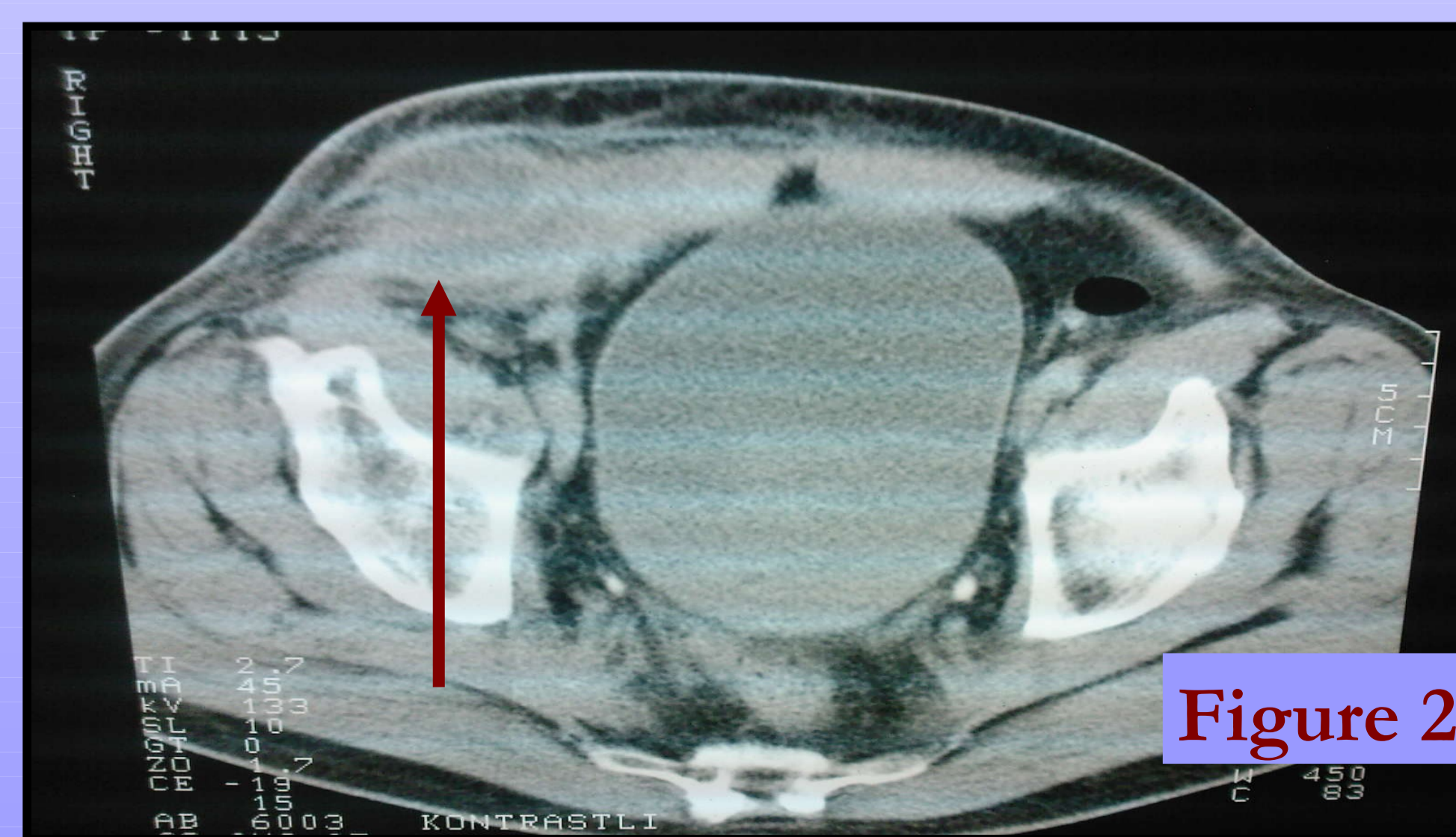


Figure 2

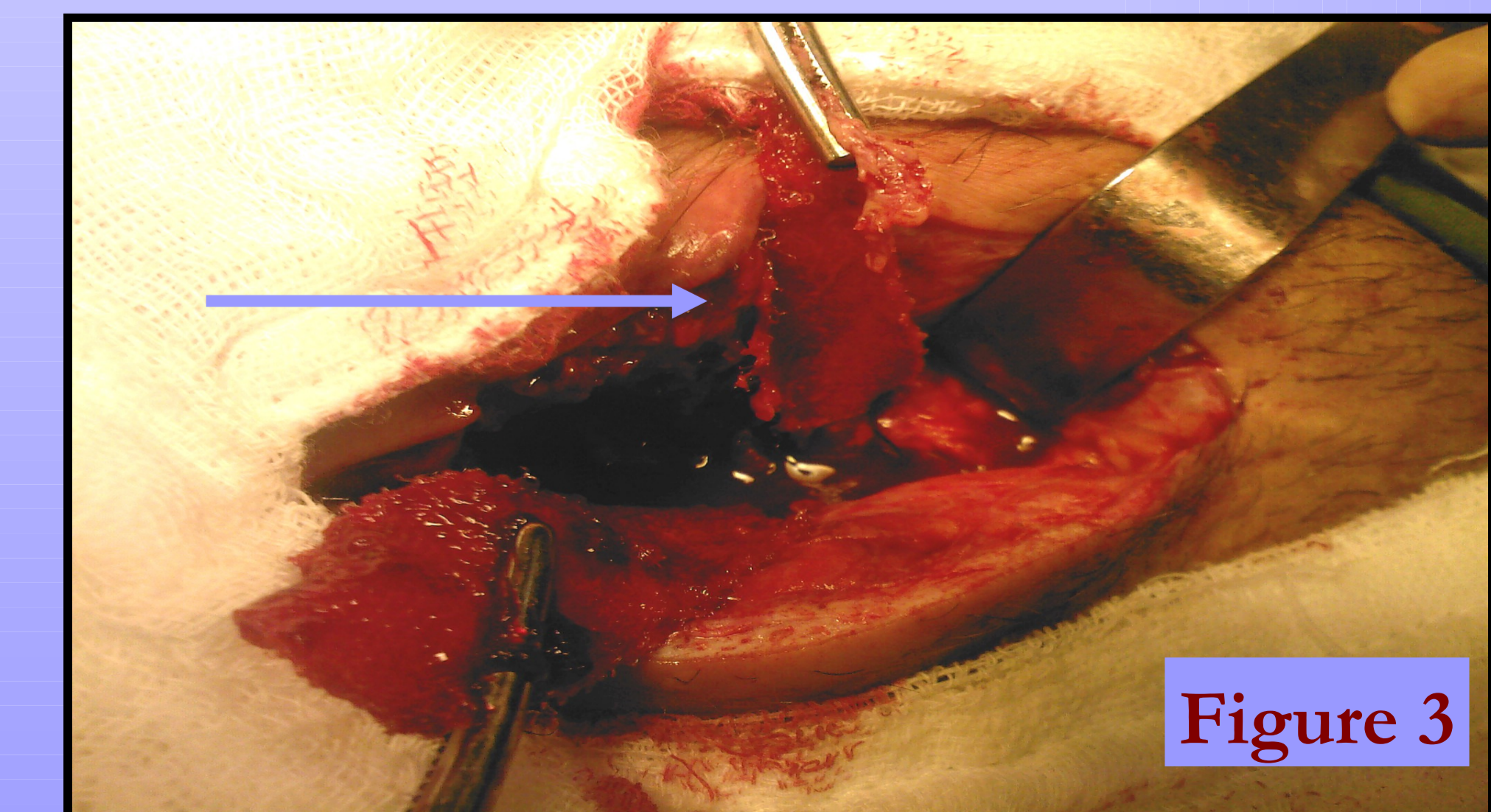


Figure 3

Comment

Wound infection after inguinal hernia repair occurs in less than 5% of patients. It is usually encountered in the early postoperative period. However when a prosthetic material is used the term of postoperative infection points the first postoperative year. After that time every surgical site infection is considered as “late-onset”. Deep prosthetic mesh infection is an important complication and has rarely been reported. Removal of the complete or partial prosthetic mesh material is usually required to control the infection.

References

1. Late

Figure 1: The gross view of swelling.

Figure 2: CT shows a preperitoneal mass about 3 cm in diameter.

Figure 3: Intraoperative photograph of meshoma.