PSUEDO-GRANULOMATOUS CYST POST RECURRENT INCISIONAL HERNIA REPAIR - CASE REPORT

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Introduction

Pseudocyst formation post incisional hernia is a rare complication but underestimated incidence.

Case Presentation

A 62 years old female had two previous incisional hernias repair last 8 years ago. First incisional hernia repair was done by laparoscope by inserting sub-lay mesh. The second repair was done by open technique on -lay polypropylene mesh fixation. She denied any post operations seroma or hematoma collections .patients complained of dull aching pain in the lower abdomen and heaviness without obstructive symptoms .examination of the abdomen showed multiple hernia defects with a large mass in the lower abdomen shifted to the right iliac fossa area. An abdominal CT scan showed evidence of hernia repair with a 2.5 cm midline defect containing omentum and large subcutaneous 16*8.8 cm seroma formation. The surgical operation showed multiple incisional hernias defects with a large cystic lesion attached with old on-lay propylene mesh. Cystic lesion removed with old mesh carefully and repaired the defects by non-absorbable sutures. We found the part of the mesh fixed with skin staplers and polypropylene sutures. Monofilament polyester on-lay mesh fixed above the fascia after washing the field with saline and antibiotic. Two abdominal drains were inserted, one removed after three days and the other after five days post-operation. The patient was not developed in the post-operation period any seroma, hematoma, or wound infection. Histopathology report showed pseudocyst with granulomatous forging body (mesh material) reaction.



Discussion

The granulomatous cystic formation is one of the complications of hernia repair. The female-to-male ratio is 2:1. Etiologies of formation are unknown but possible causes are untreated hematoma and seroma post hernia repair especially polypropylene mesh. Duration of the cyst to form vary between few months up to years. It is a common post incisional hernia repair but also literature mentioned can be happened after inguinal hernia or Spigelian hernia. The only resection of pseudo-cyst is curative treatment. We think the treatment of seroma and hematoma can prevent this complication. Could be using another type of meshes instead of polypropylene mesh can reduce the formation of the cystic lesion. We need more studies to know the effects of seroma and hematoma with a specific type of meshes.

Conclusion

The pseudo-granulomatous cystic lesion is a rare complication post hernia repair. Resection of the cyst is the only curable treatment. Prevent hematoma and seroma could be preventing to develop like this complication.

References

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