Giant Hiatal Hernia Recurrence - Laparoscopic Repair With The Use of a Collagen Graft

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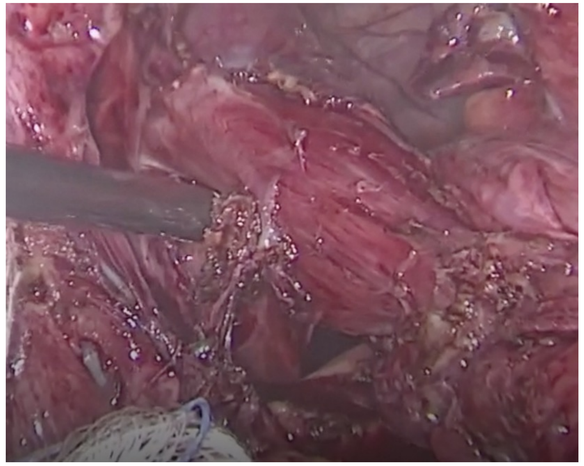
- Recurrence of large hiatal hernia is associated with gastroesophageal reflux disease (GERD), dysphagia and “mechanical” complications such as obstructions in 50–90% of cases. Several trials strongly support surgery as an effective alternative to medical therapy. Today, laparoscopic or robotics fundoplication is considered as the procedure of choice.

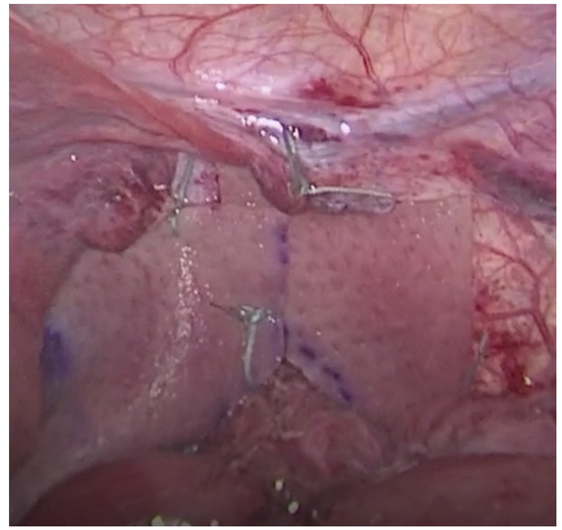
- However, performing primary hiatal hernia repair is associated with upto 42% recurrence rate. Mesh reinforcement of the crural closure decreases the recurrence but can lead to complications, requiring a meticulous technique. We experiment an absorbable collagen graft

- We present a case of a 67-year-old female patient, who underwent a laparoscopic procedure for a large hiatal hernia and GERD two years ago. After this procedure she presented a pneumonia and developed a recurrence of the hernia. Endoscopy, Thorax CT and contrast X-Ray studies revealed a large hiatal hernia and esophagitis. With laparoscopic approach, the hiatal hernia defect was identified and primarily repaired, by crural closure. The collagen graft was trimmed to fit the defect accommodating the esophagus.

- The collagen graft was easily placed laparoscopically. It has good handling and could be cut and tailored intraoperatively for optimal adaptation. There were no short-term complications.

- Conclusion. Crural closure reinforcement can be done readily with this new totally absorbable mesh replaced by soft tissue over six months.





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