POST-COCCYGECTOMY PERINEAL HERNIA REPAIR

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Background:

A perineal hernia occurs when intraperitoneal or extraperitoneal contents protrude through a congenital or acquired defect in the pelvic floor musculature. Acquired perineal hernias are classified as primary or secondary. Primary perineal hernias are more often seen in females secondary to pelvic floor weakening during pregnancy and childbirth. Secondarily acquired perineal hernias are incisional hernias often arising from extensive pelvic surgeries like abdominoperineal resection (APR), pelvic exenteration, and coccygectomy. Options for repair include a transabdominal approach with pelvic mesh sling, and an open repair with onlay mesh placement +/- muscle flap coverage. Here we describe an open repair.

Introduction

Patient is a 46-year-old male, who underwent radical resection of a sacrococcygeal chordoma in September 2016. On follow-up he was found to have symptomatic perineal hernia causing significant reduction in quality of life. A joint case between General Surgery, and Plastic Surgery was planned in 2019 for a mesh repair of the pelvic hernia with gluteal flap coverage.

Technique:

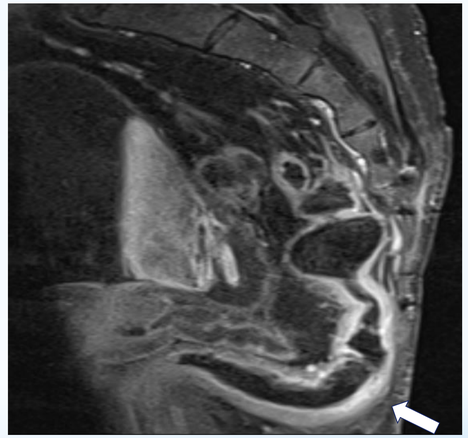
Open Perineal Hernia Repair with muscular flap coverage.

1. Incision down the gluteal cleft with circumferential dissection of hernia sac.
2. Digital rectal exam confirmed posterior rectal space and assisted in circumferential dissection of the defect.
3. Bilateral Gluteus Maximus myofascial advancement flaps for sublay space creation.
4. Hernia sac, consisting of endopelvic fascia, plicated using #1 Prolene sutures.
5. Sublay Bard soft mesh, 15 x 15 cm, secured via 4 transfascial sutures to the pelvic fascia up to the inferior aspect of our incision posterior to the anus.
6. Gluteal muscle flaps medialized and sutured in the midline over the sublay mesh.

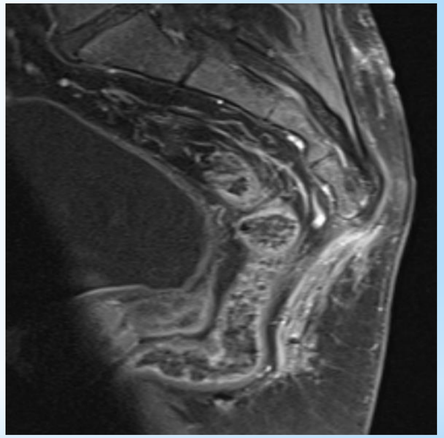
Discussion:

The patient was kept on strict bedrest for 2 days postoperatively per Plastics pathway for gluteal flaps with gradual advancement of activity. He was discharged after an otherwise uneventful hospital course. In follow-up the patient reported significant improvement in his quality of life and functional capacity.

Perineal hernias are complex, most often occurring post-operatively following large pelvic surgeries. In an open repair as we describe, re-establishment of pelvic floor integrity can be obtained through mesh augmentation and muscle flap coverage with a good functional outcome.



Pre-operative MRI pelvis (sagittal view)



Post-operative MRI pelvis (sagittal view)



Sublay mesh secured to pelvic fascia