2016

Vol.4 No.4:128

DOI: 10.21767/2386-5180.1000128

Hernia Recurrence due to Encasement of Biological Mesh

Panoraia Paraskeva¹, Ali Zain Naqvi² and Jacob A Akoh³

¹Transplant Surgery, Derriford Hospital, Plymouth NHS Trust, UK

Corresponding author: Jacob A Akoh, Consultant General and Transplant Surgeon/Associate Professor of Surgery, Derriford Hospital, Plymouth NHS Trust, UK, Tel: 441752432650; E-mail: jacob.akoh@nhs.net

Received: 14 October 2016; Accepted: 17 October 2016; Published: 19 October 2016

Citation: Paraskeva P, Naqvi AZ, Akoh JA. Hernia recurrence due to encasement of biological mesh. Ann Clin Lab Res. 2016, 4:4.

Case Blog

Answer: Failure of a non-fenestrated biological mesh to integrate with surrounding tissues.

Question: What is the condition illustrated in this picture?

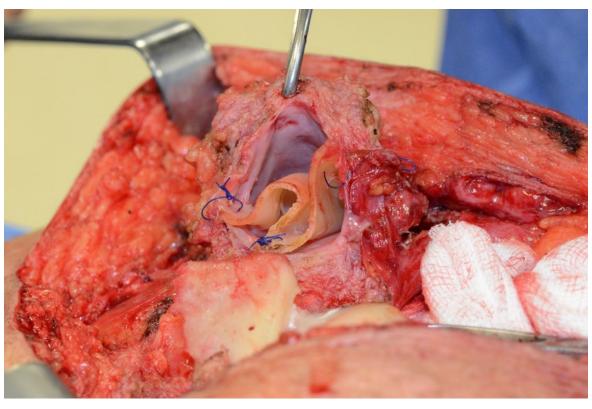


Figure 1 Failure of a non-fenestrated biological mesh.

A 76-year old male was electively admitted for recurrent incisional hernia. He had an obstructed umbilical hernia repaired 12 years ago, which became complicated with a persistent sinus. The infected mesh was removed and the defect repaired with biological mesh (Collamend) 18 months ago. The hernia recurred and at surgery, a contracted

biological mesh encased in a chronic seroma cavity was excised. A large pore synthetic mesh was used to repair the defect applying the sub-lay technique. Collamend is an acellular porcine dermal cross-linked matrix that is now fenestrated to allow tissue in growth (Figure 1).

²Department of Surgery, Derriford Hospital, Plymouth NHS Trust, UK

³Department of General and Transplant Surgery, Derriford Hospital, Plymouth NHS Trust, UK