

Enterocutaneous Fistula Presenting with Septicemia 10 Years after Mesh Repair of Incisional Hernia

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Citation

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Abstract

Incisional hernias are commonly repaired using meshes. There are various studies both in favour of and against the possibility of enterocutaneous fistula formation after mesh repair of incisional hernia. We are reporting on a 52-year-old female who developed an enterocutaneous fistula leading to septicemia 10 years after incisional hernia repair using a polypropylene mesh.

CASE REPORT

A 52-year-old female came to the surgical OPD of Lok Nayak Hospital, Delhi, in March 2007 with complaints of foul smelling discharge from an opening in the lower abdominal wall (which has developed spontaneously) for last 5 days associated with fever and anorexia. She gave a history of an incisional hernia repair 10 years back. She was febrile, the discharge was feculent in nature and her total leukocyte count was 18000/cu.mm with 95% neutrophils. Blood culture was taken and ceftriaxone and metronidazole were started intravenously along with other supportive treatment.

The patient responded well. Culture report showed E coli sensitive to ceftriaxone. CT scan of the abdomen was carried out on the 4th day and showed enterocutaneous fistula associated with an intra-abdominal fluid collection (figure 1). Laparotomy was carried out on the 5th day and revealed erosion of the terminal ileum at 3 places by the preperitoneal polypropylene mesh. The mesh was removed along with 1 feet of terminal ileum (containing 3 perforations) and end-to-end anastomosis with proximal loop ileostomy was performed.

DISCUSSION

Mesh hernia repair is a fairly common technique used to treat incisional hernias. Meshes have advantages and disadvantages. Whether meshes can cause enterocutaneous fistula, is a matter of debate. There are some studies which are against this possibility^{1,2}, but there are also some studies in support of it^{3,4}. Our patient developed enterocutaneous fistula 10 years after mesh repair of an incisional hernia. This suggests that a mesh can erode the bowel and that patients have a lifelong risk of this complication.

References

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