Chirurgia (Bucur). 2015;110(5):478-481

Enterocutaneous Fistula Occurring 15 Years after the Prosthetic Mesh Repair of a Recurrent Incisional Hernia - A Case Report

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Abstract

A 78 year-old female patient who had been operated in 1999 for a recurrent large incisional hernia, with a 20/20 cm prosthetic mesh sutured to the lateral muscular layers of the abdominal wall, has had a favourable postoperative evolution for over 15 years. The patient was admitted in our clinic for a wound infection in January 2015. The clinical examination revealed a cutaneous fistula with large purulent drainage from the deep space; the outflow was between 30 and 50 ml/day. The fistulography identified the communication with the small bowel. The surgical procedure consisted of an enterec-tomy, which achieved the excision of 2 lesions of an ileal loop; one of them had a fragment of the prosthesis inside the lumen, while the other was strongly adherent to the internal surface of the prosthesis. An end-to-end anastomosis was then performed, as well as the large excision of the infected prosthesis. Finally, the only possible option was the skin closure. Postoperative recovery was uneventful, and the patient was discharged after 14 days; the reconstruction of the abdominal wall using a composite mesh is expected after few months. This clinical case is demonstrative for a rare and serious complication of a prosthetic mesh repair, which occurred after a very long period of normal clinical condition.

Key words: enterocutaneous fistula, recurrent incisional hernia