ANALYSIS OF THE RESULTS OF TRADITIONAL TREATMENT OF COMPLEX INGUINAL HERNIAS

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Background

Complex inguinal hernias remain one of the most challenging issues in modern herniology. The lifetime risk of developing an inguinal hernia is 27–43% in men and 3–6% in women. Despite significant advances in surgical techniques, recurrence rates after primary hernioplasty range from 10% to 30%, while chronic postoperative pain occurs in 10–12% of patients. The introduction of minimally invasive laparoscopic techniques has substantially improved surgical outcomes; however, intraoperative and postoperative complications remain clinically relevant.

Objective

To evaluate the effectiveness and safety of traditional Lichtenstein hernioplasty and laparoscopic transabdominal preperitoneal (TAPP) hernioplasty in the treatment of complex inguinal hernias.

Materials and Methods

A retrospective analysis was conducted of 110 patients with complex inguinal hernias treated between 2019 and 2021 in a multidisciplinary clinical setting.

Patients were divided into two groups:

- 60 patients (54.6%) underwent open Lichtenstein hernioplasty;
- 50 patients (45.4%) underwent laparoscopic TAPP hernioplasty.

Results

In the Lichtenstein group, postoperative complications were observed in 13.6% of patients and included: seroma (2.7%), hematoma (3.6%), neuralgic pain (2.7%), surgical site infection (2.7%), and recurrence (1.9%). In the TAPP group, intraoperative injury to anatomical structures occurred in 10.0% of cases, including damage to elements of the spermatic cord, inferior epigastric vessels, femoral vein branches, and local nerve fibers. Postoperative complications were recorded in 9.1% of patients and consisted of neurological pain (4.6%), hematoma (3.6%), and recurrence (0.9%).

The recurrence rate following endovideosurgical treatment decreased to 1.5%, which was significantly lower compared to traditional open repair.

Discussion

The findings confirm the high effectiveness of laparoscopic TAPP hernioplasty in the management of complex inguinal hernias. The method provides superior visualization of anatomical structures and offers diagnostic advantages, contributing to reduced recurrence rates. However, the presence of intraoperative injuries indicates the technical complexity of the procedure and highlights the need for improved surgical skills and stricter patient selection criteria.

Conclusions

1. Laparoscopic TAPP hernioplasty is an effective treatment modality for complex inguinal hernias, reducing recurrence rates to approximately 1.5%.

2. The incidence of postoperative complications is lower in the TAPP group compared to the open Lichtenstein technique.

3. Further improvement of endovideosurgical techniques and the development of refined patient selection criteria are essential to optimize treatment outcomes.

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REFERENCES

1. Köckerling F., Simons M. P. Current concepts of inguinal hernia repair // Visceral Med. – 2018. – Vol. 34, №2. – P. 145-150.

2. Misra M.C., Kumar S., Bansal V.K. Total extraperitoneal (TEP) mesh repair of inguinal hernia in the developing world: comparison of low-cost indigenous balloon dissection versus direct telescopic dissection: a prospective randomized controlled study. Surg Endosc 2018;22:1947-58.

3. Shah N.R., Mikami D.J., Cook C., Manilchuk A., Hodges C., Memark V.R., Narula V.K. A comparison of outcomes between open and laparoscopic surgical repair of recurrent inguinal hernias. Surg Endosc 2017. 25:2330–2337.

4. Taylor C., Layani L., Liew V. et al Laparoscopic inguinal hernia repair without mesh fixation, early results of a large randomised clinical trial // Surg. Endosc. -2018. Vol. 22, № 3. - P. 757-762.

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