



 VIDEO ARTICLE

Transrectal Mesh Erosion Requiring Bowel Resection

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ABSTRACT **Study Objective:** To report a case of a transrectal mesh erosion as complication of laparoscopic promontofixation with mesh repair, necessitating bowel resection and subsequent surgical interventions.

Introduction: Sacrocolpopexy has become a standard procedure for vaginal vault prolapse [1], and the laparoscopic approach has gained popularity owing to more rapid recovery and less morbidity [2,3]. Mesh erosion is a well-known complication of surgical treatment for prolapse as reported in several negative evaluations, including a report from the US Food and Drug Administration in 2011 [4]. Mesh complications are more common after surgeries via the vaginal approach [5]; nonetheless, the incidence of vaginal mesh erosion after laparoscopic procedures is as high as 9% [6]. The incidence of transrectal mesh exposure after laparoscopic ventral rectopexy is roughly 1% [7]. The diagnosis may be delayed because of its rarity and variable presentation. In addition, polyester meshes, such as the mesh used in this case, carry a higher risk of exposure [8].

Case Report: A 57-year-old woman experiencing genital prolapse, with the cervix classified as +3 according to the Pelvic Organ Prolapse Quantification system, underwent laparoscopic standard sacrocolpopexy using polyester mesh. Subtotal hysterectomy and bilateral adnexectomy were performed concomitantly. A 3-year follow-up consultation demonstrated no signs or symptoms of erosion of any type. At 7 years after the surgery, however, the patient presented with rectal discharge, diagnosed as infectious rectocolitis with the isolation of *Clostridium difficile*. She underwent a total of 5 repair surgeries in a period of 4 months, including transrectal resection of exposed mesh, laparoscopic ablation of mesh with digestive resection, exploratory laparoscopy with abscess drainage, and exploratory laparoscopy with ablation of residual mesh and transverse colectomy. She recovered well after the last intervention, exhibiting no signs of vaginal or rectal fistula and no recurrence of pelvic floor descent. Her intestinal transit was reestablished, and she was satisfied with the treatment.

Conclusion: None of the studies that represent the specific female population submitted to laparoscopic promontofixation with transrectal mesh erosion describe the need for more than one intervention or digestive resection [9–12]. Physicians dealing with patients submitted to pelvic reconstructive surgeries with mesh placement should be aware of transrectal and other nonvaginal erosions of mesh, even being rare events. Moreover, they should perform an active search for unusual gynecologic and anorectal signs and symptoms. Most importantly, patients undergoing mesh repair procedures must be warned of the risks of the surgery, including the possibility of several subsequent interventions. Journal of Minimally Invasive Gynecology (2017) ■, ■–■ © 2017 AAGL. All rights reserved.

Keywords: Erosion; Genital prolapse; Mesh; Rectal

The authors declare that they have no conflicts of interest.
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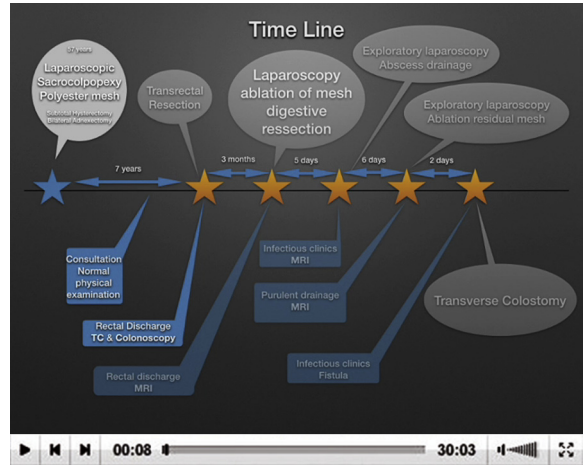
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Abstract

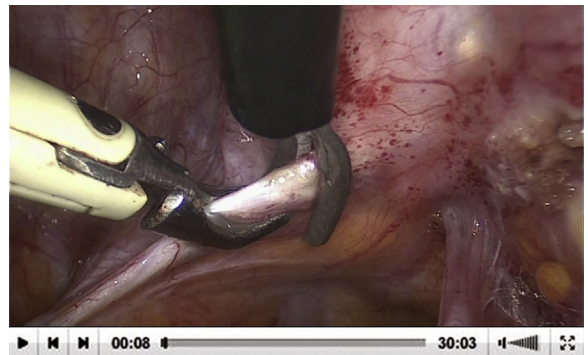
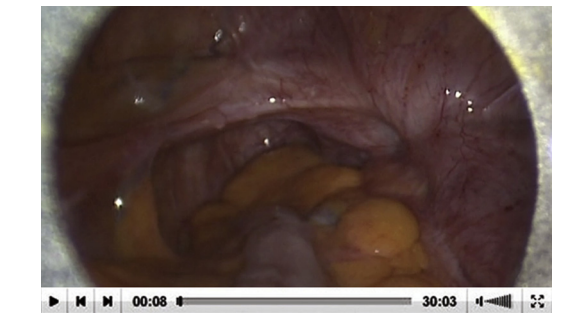
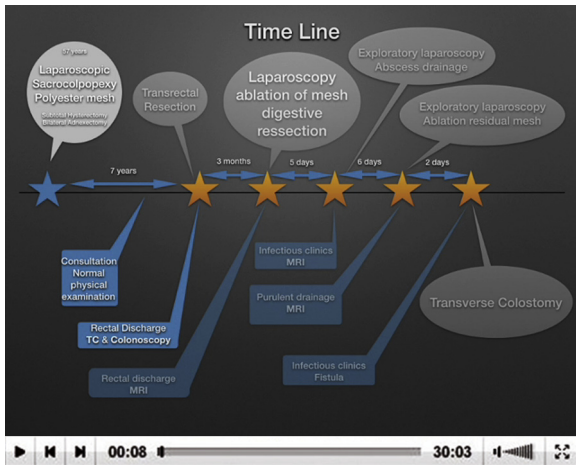
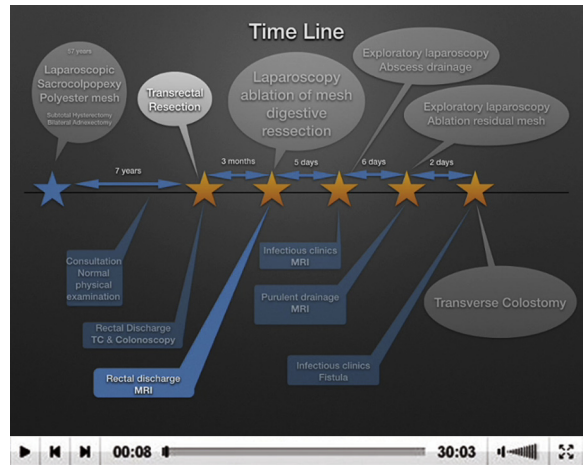
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FDA Safety Communication: UPDATE on Serious Complications Associated with Transvaginal Placement of Surgical Mesh for Pelvic Organ Prolapse
Date Issued: July 13, 2013

- Transrectal exposure incidence: ~ 1%
- (A Multicenter Collaboration to Assess the Safety of Laparoscopic Ventral Rectopexy. Evans G, Stevenson ARL, Sileri P, Mercier-Jones MA, Dixon AR, Cunningham G, Jones OM, Lindsay L. Dis Colon Rectum 2015; 58: 799-807)



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