Medical Research Archives

ESMED
European Society of Medicine

OPEN ACCESS

Published: September, 30, 2022

Citation: Piltcher-da-Silva R, Sasaki VL, et al., 2022. Emergency Groin Hernia Repair. Should We Always Search the Other Side?, Medical Research Archives, [online] 10(9). https://doi.org/10.18103/mra.v10i9.3094

DOI
https://doi.org/10.18103/mra.v10i9.3094

ISSN: 2375-1924

LETTER TO THE EDITOR

Emergency Groin Hernia Repair. Should We Always Search the Other Side?

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ABSTRACT

Groin hernia is a common condition with lifetime occurrence up to 27% in men and 3% in women, over 20 million surgeries made annually [1,2]. The lifetime risk of contralateral hernia development is up to 30% [1]. Beyond the discussion about watchful waiting approach and its risk/benefits, the gold-standard treatment for symptomatic and asymptomatic patients is tension free elective surgery repair.

TEXT

The indication for surgery in an asymptomatic patient is based on the risk of inguinal hernia complication. Hernia incarceration occurs in 4.5% along 2 years and up to 22% for femoral hernia in three months [2]. In the past years, minimally invasive surgery, above all, the transabdominal pré-peritoneal approach (TAPP) was accepted and the knowledge was widespread around the world. This technique allows for an abdominal cavity inventory and the diagnosis and treatment of unrecognized contralateral hernia, which is not possible if open surgery were the option. Imai et al. [1] compared elective open hernia repair (OHR) versus TAPP, with 541 vs 152 patients, respectively. In the OHR group, 51 (9.4%) underwent contralateral hernia repair during the median follow-up of 36 (range, 2-120) months, and in the TAPP group, 23 (15.1%) patients had occult contralateral hernia and no metachronous hernia was found in 48 (range, 18-90) months.

In 2013, the European Association for Endoscopic Surgery concluded that TAPP can be an option for treatment of incarcerated inguinal hernias [3]. Liu et al. analized 94 patients who underwent TAPP for treatment of inguinal hernia in the emergency and found unrecognized contralateral hernia in 15 patients (15.9%) [4]. Mancini et al. [5] reported an incidence of intraoperative diagnosis of contralateral hernia in 4 out 20 (20%) patients who underwent TAPP for hernia repair in the emergency. The only difference between unilateral and bilateral surgery was the median operative time changing from 49 to 88 minutes, respectively.

We made a 10 years Systematic Review in PubMed and Scielo about contralateral groin hernia repair in the emergency (Figure 01). The search string in free text search contained the following keywords: ("INGUINAL HERNIA" OR "GROIN HERNIA OR "FEMORAL HERNIA") AND "EMERGENCY". Surprisingly we found only four original articles who cite this condition and the evolution of these [4–7]. However, none of them had the contralateral hernia approach as a study objective, therefore lacking data from this specific population.

Thus, the **aim** of this letter is to disclose a failure in hernia research since we, like many other abdominal wall surgeons worldwide, accomplished the contralateral repair at the same time in emergency hernia repair to avoid further surgery or hernia complications. Even, until this moment, we don't have studies clearly showing the benefit of this conduct. Therefore, we conclude that research in this direction should be developed, in order that the conduct already practiced has a more solid scientific basis.

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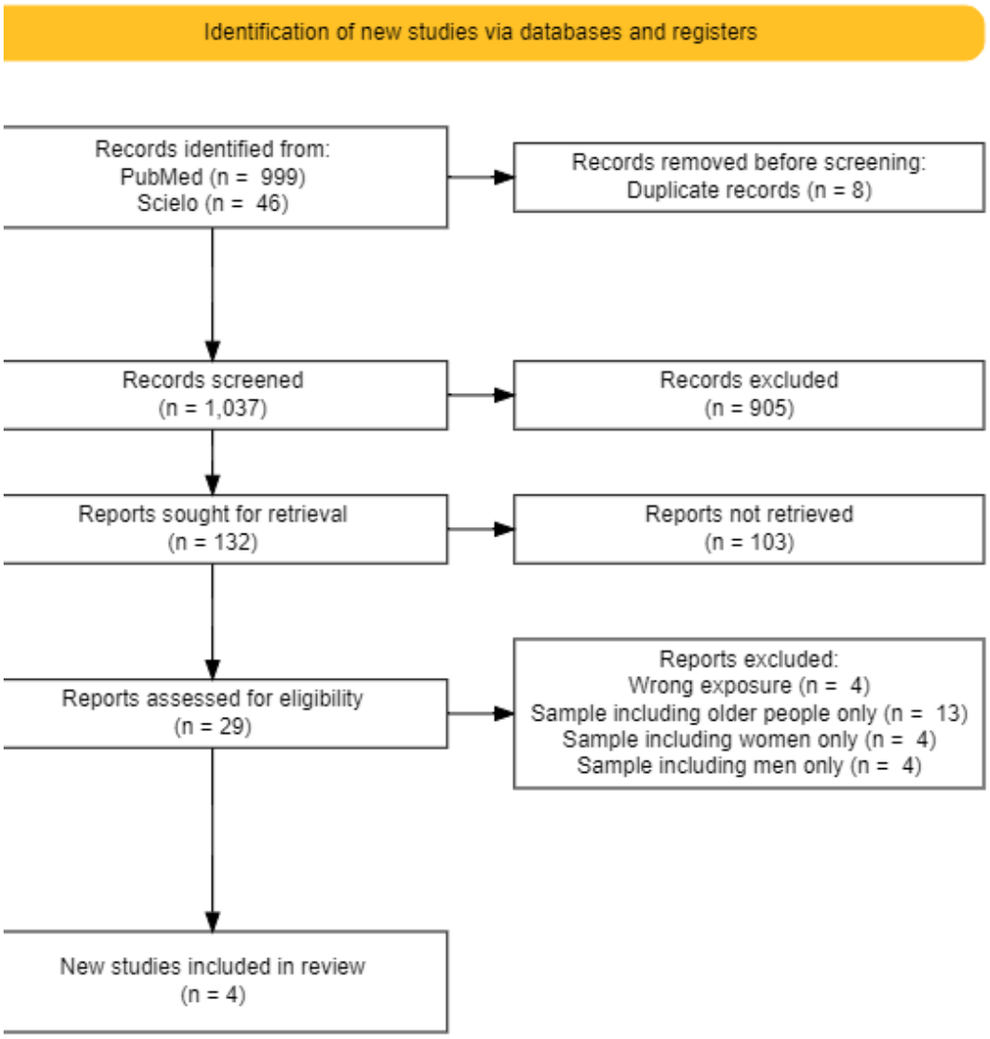

Table 1. Flow Diagram