

Migrating inguinal hernia mesh presenting as acute appendicitis: a case report

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- AA (acute appendicitis) is one of the most common conditions presenting at the emergency department in daily practice. As it can progress to perforation and peritonitis, constituting one of the most frequent abdominal emergencies worldwide, prompt diagnosis and intervention is required. A detailed medical history is essential to understand the cause behind AA in each patient.
- We aim to report a case of a migrated inguinal mesh presenting as an AA.
- A 58-year-old male previously submitted to ONSTEP right inguinal hernia repair with a PolySoft™ hernia patch eight years before, was admitted in the emergency department of our Institution complaining of abdominal pain in the right iliac fossa (RIF). Blood analysis showed elevated white blood count (WBC) with increased neutrophils, along with elevated C reactive protein (CRP), without other relevant alterations. The abdominal ultrasound showed signs suggestive of AA.
- The patient was submitted to laparoscopic appendectomy. Intraoperatively, a foreign body was detected, clearly originating from the anterior abdominal wall and extending into the appendix, perforating it and progressing intraluminally. The material was noticed to be the recoil “ring” from the inguinal hernia patch previously applied to the patient for treating his inguinal hernia. Appendectomy was then performed, as well as removal of the mesh by an anterior approach.

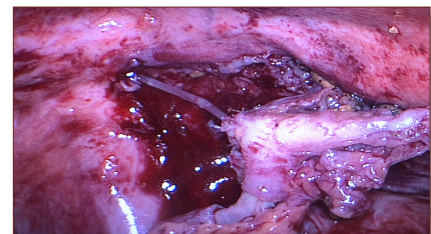
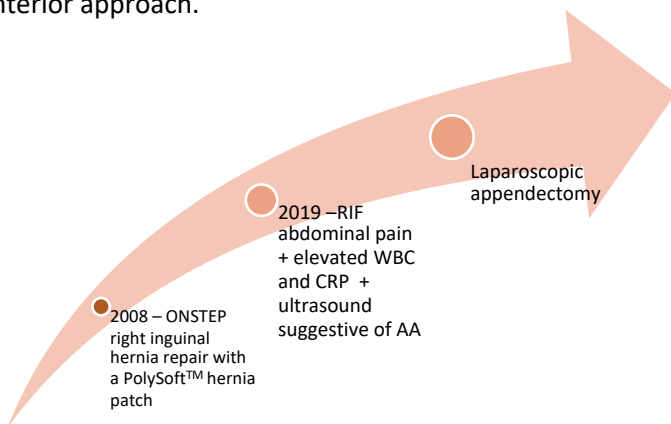


Figure 1 – Laparoscopic view of suppurated appendix with the “recoil ring” migrated intraluminally

- Mesh migration, although infrequent is a well-known complication of abdominal wall hernia repair. Migration to an intraluminal position is extremely rare with only a few cases described in literature. To the best of our knowledge, this is the first reported case of inguinal hernia mesh migration to the appendix, presenting as AA.