

SIV12: OUTCOME OF THE OPEN AND LAPAROSCOPIC INGUINAL HERNIA REPAIR IN INFANTS

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Background Inguinal hernia repair is one of the most common surgical procedures performed by pediatric surgeons. However, in infants this can be a hazardous procedure, due to the fragile hernia sac, limited anatomic region, and presence of comorbidities in some patients. Laparoscopic surgery for congenital inguinal hernia as an alternative for the open surgery remains a point of controversy. The aim of the study was to evaluate the outcome of the laparoscopic (PIRS method) and open procedures in infants with inguinal hernia.

Materials and methods During 2010-2015 years 117 infants (of the one year and less) were operated. Among these patients, in 56 infants the open procedure and in 71 – the laparoscopic repair was applied. The bilateral hernia was noted in 22 (39.3%) patients of the open group and in 25 (35.2%) – of the laparoscopic group. In cases of bilateral hernia, the simultaneous repair of both sides was applied in laparoscopic group, but in the open group the repair performed on the one side with the need for the postponed surgery. Routine investigation of the contralateral processus vaginalis during open repair did not performed.

Results At the follow-up the recurrent hernia was diagnosed in 8 (14.3%) infants of the open group and in 6 (8.5%) – of the PIRS group. The metachronous inguinal hernia developed in 7 (12.5%) infant of the open group and all of them were operated. The testicular disorders (transitory hydrocele, testicular retraction or hypotrophy) were noted in 13 (23.2%) patients after open repair and in 7 (9.9%) – after PIRS procedure.

Conclusions Thus, in infants with the inguinal hernia the laparoscopic repair is the more suitable procedure compared with the open surgery.

Key words inguinal hernia, infants, laparoscopy, outcome