

Mine survivor's pelvic floor hernia treated with laparoscopic surgery and a perineal approach: A case report

Chen K *et al.* Multidisciplinary treatment of pelvic floor hernia

Abstract

BACKGROUND

A pelvic floor hernia is defined as a pelvic floor defect through which the intraabdominal viscera may protrude. It is an infrequent complication following abdominoperineal surgeries. This type of hernia requires surgical repair by conventional or reconstructive techniques. The main treatments could be transabdominal, transperineal or a combination.

CASE SUMMARY

In this article, we present the case of a recurrent perineal incisional hernia, postresection of the left side of the pelvis, testis and lower limbs resulting from a mine disaster 18 years ago. Combined laparoscopic surgery with a perineal approach was performed. The pelvic floor defect was repaired by a biological mesh and one pedicle skin flap. No signs of recurrence were indicated during the 2 years follow-up.

CONCLUSION

The combination of laparoscopic surgery with a perineal approach was effective. The use of the biological mesh and pedicle skin flap to restructure the pelvic floor was effective.

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Cited by: 13 **Author:** A. M. S. Goedhart-de Haan, B. S. Langen...

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Author: Ikuo Watanobe, Shozo Miyano, Michi... **Publish Year:** 2020

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During abdominoperineal resection (APR) the **pelvic floor** is breached and failure to close the **pelvic** peritoneum can leave a defect, through which the small bowel can herniate. Several **case** reports describe **perineal hernias** following **laparoscopic** APR. 1–4 Through these reported cases some common risk factors can be identified. The majority are ...

Cited by: 3 **Author:** LC Ewan, PJ Charleston, SH Pettit

Publish Year: 2014

Perineal hernia



Perineal hernia is a hernia involving the perineum. The hernia may contain fluid, fat, any part of the intestine, the rectum, or the bladder. It is known to occur in humans, dogs, and other mammals, and often appears as a sudden swelling to one side of the anus.

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