

## CASE IMAGE

# A case of right inguinal necrotizing skin and soft-tissue infection

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## Abstract

Mesh infection is the most common complication after elective hernia repair with an increasing incidence with time.

## KEYWORDS

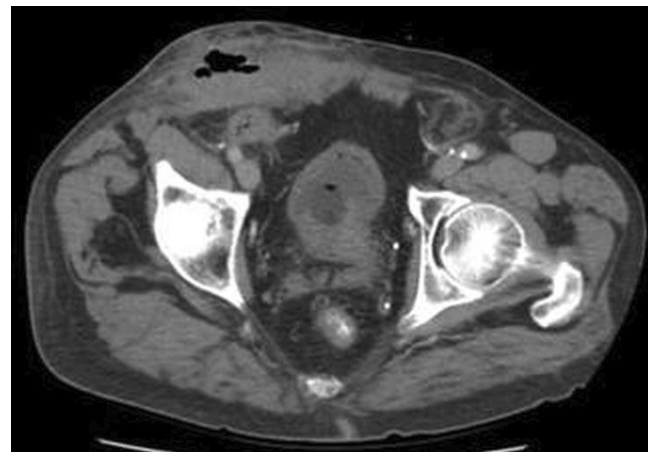
complications, Hernia repair, infection, mesh, surgery

A 84-year-old NYHA class II male patient, with a history of (a) permanent atrial-fibrillation and combined mechanical aortic valve replacement with coronary artery bypass graft surgery performed 16-years prior under acenocoumarin; (b) open mesh-plug hernioplasty for primary, lateral, size 2 (EHS PL2F0) inguinal hernia performed 3-years prior, presented to emergency department with severe sepsis in the setting of right inguinal necrotizing soft-tissue infection (Figure 1). Supportive treatment included IV-administration of lactated Ringer's solutions, 2 doses of 10 mg Vitamin K, 2 FFP units, daptomycin 500 mg q24hr.

## 1 | QUIZ QUESTION: WHAT IS YOUR DIAGNOSIS?

The patient diagnosed with late deep surgical site infection after elective hernia repair and submitted to early source-control with wide opening of surgical incision, abscess drainage, debridement of infected soft-tissues, followed 3 days later by completion debridement along with complete infected mesh-plug removal, no fascial closure and second intention vacuum-assisted wound closure.

The risk of mesh-related complications increases continuously with time with a median time of occurrence 24 and



**FIGURE 1** CT revealed dermal thickening, increased soft-tissue attenuation, inflammatory fat stranding along with soft-tissue air and deep fascial fluid collection suggestive of right inguinal skin and soft-tissue necrotizing infection.

11 months after open and laparoscopic mesh hernia repair, respectively. Approximately 6.1% and 4.2% of patients after open and laparoscopic mesh repair, respectively, require subsequent reoperation for mesh-related complications with a cumulative incidence of 4.5% at 5-years follow-up.<sup>1</sup> Mesh removal rates after open and laparoscopic mesh

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repair are 2.6% and 1.0%, respectively. The most common reason for mesh removal is mesh infection (63%) followed by pain (19.6%), bowel obstruction (15.2%), and bowel perforation (2.2%).<sup>2</sup>

#### AUTHOR CONTRIBUTIONS

All authors equally accessed the data and contributed to the preparation of the manuscript. BKA and HA were equally responsible for making and performing treatment decisions. HA reviewed the manuscript for critical intellectual content and had the final approval.

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#### CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.


#### DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

#### CONSENT

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy.

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