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Intrarectal Mesh Migration with Recurrence After Transabdominal Mesh Rectopexy

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Case Report

A 50-year-old man underwent abdominal rectopexy with non-absorbable mesh for complete rectal prolapse 7 years ago with relief of symptoms for 2 months followed by gradual recurrence over more than 6 years. On examination, complete rectal prolapse with part of the mesh extruding from the rectal mucosa into the lumen was observed (Figure 1). The patient was successfully treated with Altemeier's procedure, during which the protruding portion of the rectum was excised. Intraoperatively, full thickness migration of the mesh from the posterior wall of the rectum in to its lumen was observed. The postoperative course was uneventful. At 2-year follow-up, there is no recurrence.

Mesh-related complications like erosion, infection, and migration are known to occur after mesh rectopexy, but are uncommon.[1,2] Full thickness erosion of the mesh into the rectum has a reported incidence of less than 0.02%.[1] The exact cause for this complication is not known. Experimental studies in animal models have shown that mesh acts as foreign material and incites local inflammation, fibrosis, and tissue destruction leading to erosion of surrounding organs.[3] The type of prosthetic material, the shape of the mesh, and the surgical technique may contribute to this complication. However, the supremacy of one mesh over another has not been clearly demonstrated in the literature.[1,3,4] One study reported that 6 of 312 patients treated with laparoscopic ventral rectopexy developed this complication; polyester mesh was used in all of these patients. Five of these patients were managed successfully by transanal partial mesh excision; one patient with recurrence of rectal prolapse similar to our case also received Altemeier's procedure.[1] An abdominal approach may not be suitable due to dense adhesions around the rectum, making mobilization difficult.

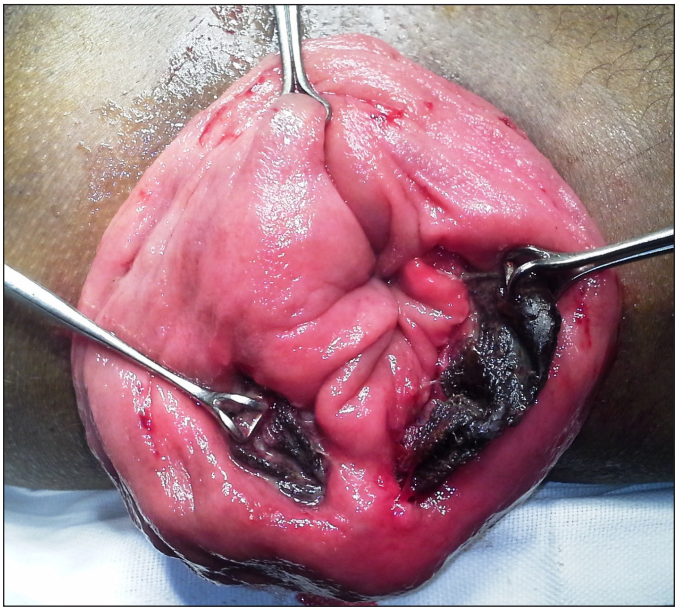

Figure 1. Full-thickness rectal prolapse with mesh extruding into the lumen.

Disclosures

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