CASE OF THE WEEK

PSEUDOANEURYSM OF THE INFERIOR EPIGASTRIC ARTERY POST LAPAROSCOPIC BILATERAL E-TEP INGUINAL HERNIOPLASTY

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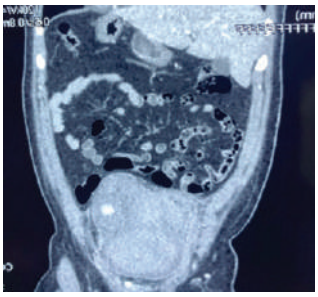
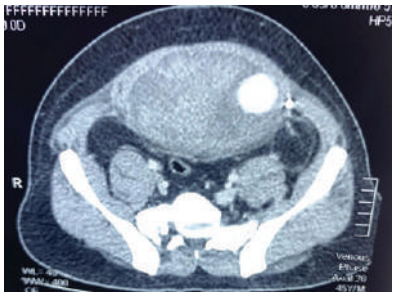
A case of a 38-year-old gentleman, with no co-morbidities who was admitted with abdominal pain following Laparoscopic E-TEP BILATERAL INGUINAL Hernioplasty done one month ago. Patient was found to have collection of about 700ml over the mesh on ultrasound and mesh infection was suspected. On further evaluation by contrast enhanced CT of the Abdomen he was found to have a pseudo aneurysm of size 3x3cms of the left inferior epigastric artery (Fig 1 & 2) with hematoma of about 700ml over the mesh

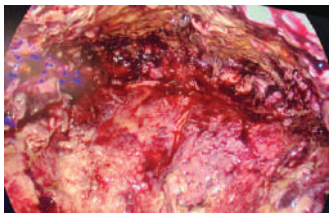


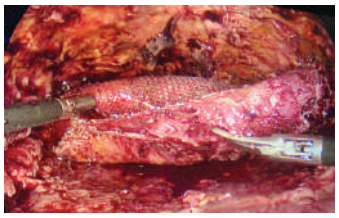


Patient was taken up for laparoscopic pseudoaneurysm excision with hematoma evacuation with partial mesh removal with ultrasound guided transfascial ligation of inferior epigastric artery due to deranged anatomy. Intra operatively post operative period was uneventful. Drain on post operative day 1 was about 120ml, serosanguinous in nature. Drain decreased day by day and was removed on day 5 since <20ml of drain fluid was observed.

DISCUSSION:

The IEA branches from the external iliac and courses along the posterior wall of the rectus sheath between 4cm and 8cm from the midline. Any procedures penetrating the abdominal wall can therefore risk injury to the IEA.





A review of the existing international literature has shown that the most common cause of an IEA pseudoaneurysm is damage to the IEA during abdominal wound closure or during laparoscopic procedures. Perhaps owing to the variation in presenting symptoms and difficulty in distinguishing the problem from a postoperative haematoma, the average time from causative procedure to diagnosis is prolonged.

Pseudoaneurysm of IEA when detected post operatively, Thrombin injection, Transcatheter embolization with N-butyl cyanoacrylate have been attempted. But in our case, post thrombin injection, laparoscopic exploration was done in view of the large volume of collection above the mesh.

During trochar entry, we must keep in mind that the epigastric vessels traverse the abdominal wall around 4 to 8 cm lateral to the midline and almost parallel to it. Steering clear of this area on either side of the midline will ensure safe entry into the abdomen without injury to the epigastric vessels.

CONCLUSION:

Based on our experience with the current case and existing literature, it is reinforced that any lateral swelling post laparoscopic procedure, pseudoaneurysm to the inferior epigastric artery must be considered as a differential diagnosis. Early detection by imaging using a colour doppler might help in diagnosis of the pseudoaneurysm in early stages and minimize the intervention required and aid in decreasing associated morbidity.

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