

23. POSTOPERATIVE VENTRAL HERNIAS



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Introduction. Postoperative ventral hernias are protrusions of organs or other structures through the abdominal wall that occur after abdominal surgery in the area of the surgical scar and are often the result of the weakening or inability of the abdominal wall to heal properly after surgery. Treatment may involve surgery to repair the defect and strengthen the abdominal wall.

Case statement. Patient X, 52 years old, diagnosed with chronic obstructive pulmonary disease (COPD), type II diabetes mellitus (DM) and grade II obesity (BMI 38.5 kg/m²), underwent abdominal surgery for the resection of a tumor benign in the colon. Approximately six months after the operation, he presented with abdominal pain and swelling in the area of the surgical scar. Clinical examination revealed a deformity with a parietal defect located in the lower abdomen, which became more pronounced with coughing. The patient reported discomfort and pain in the respective area. Medical imaging, including computed tomography, confirmed the diagnosis of postoperative ventral hernia.

Discussions. Being with serious comorbidities, persistent symptoms and risks of complications, such as strangulation of the hernia, the decision was made for the patient to undergo a ventral hernia repair intervention, with the use of a polypropylene mesh to strengthen the abdominal wall. The treatment plan involved addressing the ventral hernia through corrective surgery, considering complicating factors such as COPD and DM that were corrected and monitored preoperatively as well as postoperatively to prevent further complications. In the immediate postoperative period, the patient showed a favorable recovery, with a gradual decrease in pain and discomfort. A period of rest and avoidance of exertion was recommended. Intense physical activity, daily measurement of blood sugar and administration of antitussives. The patient was closely monitored for signs of any potential complications. At the following follow-up consultations, the patient's evolution was favorable and the symptoms of the hernia decreased significantly. The healing process continued, and the patient was encouraged to gradually resume his normal activities, under the close supervision of the medical team.

Conclusion. The case highlights the importance of careful postoperative monitoring and management of ventral hernias to prevent complications and ensure optimal patient recovery.