

# INGUINAL HERNIA REPAIR WITH MESH AND PLATELET RICH FIBRIN IN LIVER CIRRHOSIS ACCOMPANIED BY ASCITES

Pisarenco Sergiu, Anghelici Gheorghe, Zugrav Tatiana, Marc Eugenia

State University of Medicine and Pharmacy "Nicolae Testemitanu"

Surgery department N2, "Constantin Tibirna" Surgery Clinic, Scientific Research Laboratory Hepatic Surgery

**Introduction.** The inguinal hernia in cirrhotic patients with ascites-peritonitis is a secondary and frequent recurrent pathology due to intradominal increased pressure.

**Purpose.** The objective of this study is to provide inguinal hernia repair with mesh and platelet rich fibrin in decompensated cirrhosis.

**Materials and methods.** Was performed an study on 28 patients with inguinal hernia combined with liver cirrhosis and massive ascites-peritonitis.

I group - 18 patients with ascites and spontaneous bacterial peritonitis was performed laparoscopic abdominal cavity lavage with antibacterial and drainage combined with hernia. It was done to them all repairs of inguinal hernia method "tension- free no mesh".

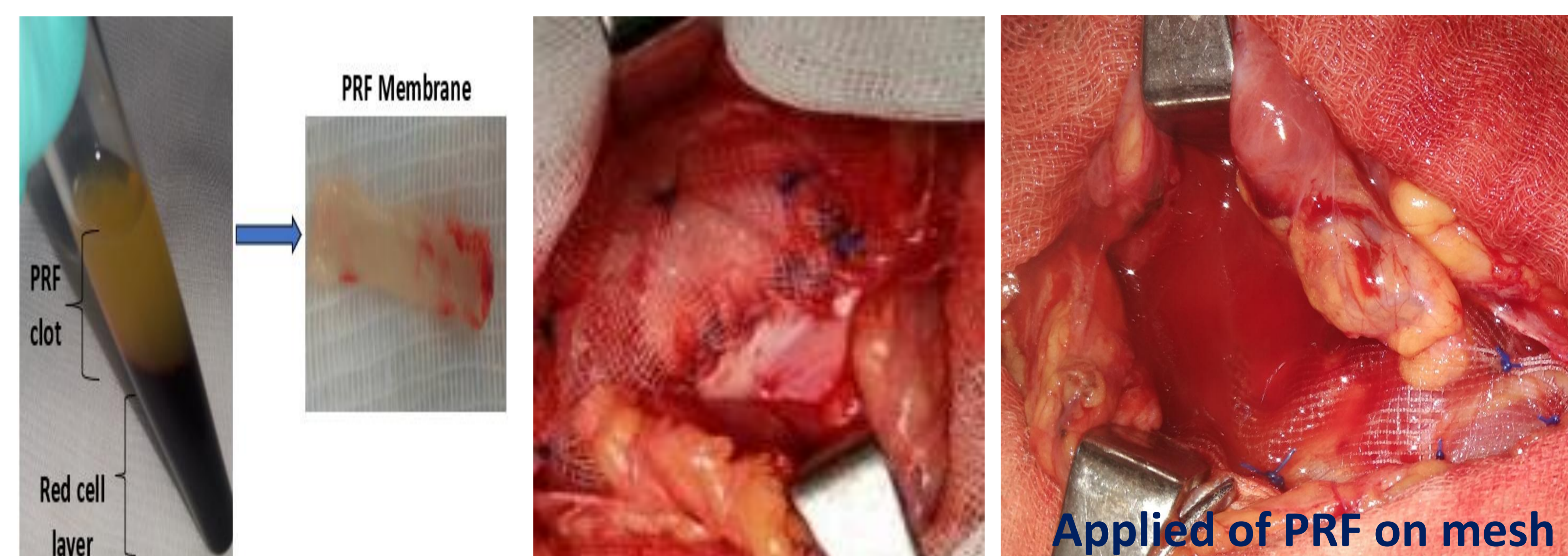
II group : 10 cirrhotic patients and ascites-peritonitis was performed mesh hernioplasty with platelet rich fibrin and laparoscopic drainage.

## Laparoscopic abdominal drainage and postoperator lavage



**Results.** Mortality - 2 (8.69%) patients, due of hepatic failure after 2 months of hospitalization, in I group. Recidivism of hernia at 1 year observed in 1 (4,34%) patient in I group, but in second group recidivism were not observed. Was none postoperative woundsuppuration.

## Hernioplasty method with mesh and PRF membrane



## Conclusions.

1. Inguinal hernioplasty "tension free no mesh" must be performed in cirrhotic patients with spontaneous bacterial ascites-peritonitis.
2. Hernioplasty with laparoscopic abdominal drainage and lavage with antibacterial reduces the risk of ascites-peritonitis and improves wound healing.
3. At patients without spontaneous bacterial peritonitis can be performed mesh hernioplasty with laparoscopic drainage and lavage.
4. Cirrhotic patients with hernia and ascites preferable operated planned.