

AUTOLOG TRANPLANTATION OF PLATELET RICH FIBRIN IN INGUINAL HERNIA REPAIR IN LIVER CIRRHOSIS

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Background. The objective of this study is to provide autologous platelet-rich fibrin transplantation in inguinal hernia repair in liver cirrhosis with ascites.

Materials and methods. A study was conducted on 28 patients with inguinal hernia combined with liver cirrhosis and massive ascites-peritonitis.

Group I: 14 patients with inguinal hernia associated with liver cirrhosis and massive ascites peritonitis underwent Lichtenstein type hernioplasty. Group II: 14 patients with inguinal hernia associated with liver cirrhosis and massive ascites peritonitis underwent Lichtenstein type hernioplasty with the application of autologous fibrin transplantation rich in platelets. All patients in both groups underwent laparoscopic lavage of the abdominal cavity with antibacterials and postoperative drainage with lavage.

Results. Seroma wounds postoperative wounds I group 3 cases, II group 0 cases. Postoperative wound suppuration I group 1 case, In group II – 0 cases. Recurrence of the hernia at 1 year was not observed in both groups. Mortality consists of 2 patients, who developed liver failure after 2 months of hospitalization, 1 patient from group I.

Conclusion. In patients with inguinal hernia and liver cirrhosis and ascites-peritonitis, the application of Lichtenstein-type surgical treatment with the application of autologous platelet-rich fibrin transplantation ensures safe local results, without postoperative complications in the postoperative wound (lack of seromaler and wound suppuration). Postoperative mortality does not determine a significant difference, being caused by liver reserves and liver failure. Surgical treatment without the application of autologous platelet-rich fibrin transplantation has an increased incidence of postoperative complications.

Keywords: inguinal hernia, liver cirrhosis, hernioplasty, autologous platelet-rich fibrin transplantation.