

(21220) - MESH EROSION INTO THE RECTUM AFTER LAPAROSCOPIC POSTERIOR RECTOPEXY: A CASE REPORT

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Introduction: Rectocele refers to the anterior protrusion of the rectum, typically presenting in multiparous elder women. Laparoscopic ventral rectopexy (LVR) is a highly effective treatment, however, in rare cases carries the risk of severe complications such as rectal wall erosion.

Aim: To report a case of mesh erosion into the rectum after laparoscopic posterior rectopexy.

Case Summary: A 48-year-old woman presented to the proctology clinic with symptoms of terminal constipation, with partial response to laxatives. She had a history of cesarian section and total abdominal hysterectomy. Physical examination was significant for an anterior mucosal prolapse without rectal prolapse, with the defecation maneuver. She underwent further characterization showing abnormal expulsion with dyssynergia (London Criteria) on high-resolution anal manometry. MRI defecography identified a 30 mm rectocele with rectal mucosal invagination. Pelvic rehabilitation with biofeedback improved symptoms but rectal digitation was still needed to complete evacuation. The patient was proposed to undergo laparoscopic posterior rectopexy, which was ultimately performed with a 12x2 cm prolene® mesh, with no immediate complications and complete clinical improvement. Due to persistent anal pruritus, a decision was made to remove two hypertrophic anal papillae, and as such, 22 months after the surgery, a recto-sigmoidoscopy was performed for excision. On introduction, a foreign body was immediately seen protruding and ulcerating the posterior rectal wall at 8 cm from the anal verge, compatible with the migration of part of the mesh into the rectal lumen (images 1 and 2). The patient was asymptomatic, physical examination was normal, and a colonoscopy performed 6 months prior reported absence of complications. The procedure was stopped, and the

patient was referred for an urgent surgery appointment.

Relevance: Mesh erosion of the rectal wall is a rare complication, with a reported frequency of 1.3%. It typically occurs when using mesh made of synthetic materials and non-absorbable threads, inducing chronic irritation and friction due to mesh shrinkage. Biological meshes can reduce this complication to 0.22%, according to the polled estimates of a recent work by Ball, et al. As such, ensuring secure fixation and selecting biological meshes when possible, ensures better outcomes for our patients.

Palavras-Chave: Posterior rectopexy complications, Foreign body

