

# A rare complication to consider: acute obstruction after TAPP inguinal hernioplasty

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## INTRODUCTION



- Transabdominal preperitoneal (TAPP) hernioplasty is a widely used technique for bilateral inguinal hernia repair.
- A rare but serious complication is incomplete peritoneal closure, which can lead to small bowel obstruction.
- Early diagnosis and prompt surgical intervention are essential to reduce morbidity.



CT image shows dilated small bowel loops with a transition point in the right lower quadrant

## MATERIAL & METHODS

		
<p>A 30-year-old male underwent bilateral TAPP hernioplasty for inguinal hernia repair.</p>	<p>On postoperative day 8, he presented with abdominal pain, distension, and vomiting.</p>	<p>Laparoscopic reoperation was performed.</p>



Intraoperative image showing reduction of an incarcerated bowel loop through an unclosed peritoneal defect.

## RESULTS

- Laparoscopy revealed a defect in the right peritoneum causing an ileal mesenteric kink and obstruction. No evidence of bowel ischemia or injury was found.
- The defect was repaired using an intraperitoneal biological mesh.
- A postoperative seroma was identified by CT and managed conservatively. The patient was discharged on day 6 with no signs of recurrence.
- Follow-up showed proper healing and no further complications.



Intraoperative view of reduced incarcerated bowel with serosal injury and visible preperitoneal mesh.

## CONCLUSION

- Incomplete peritoneal closure during TAPP can cause bowel obstruction.
- Laparoscopic reoperation is a safe and effective management strategy.
- Surgical precision is crucial to avoid this preventable complication.



Intraoperative image showing placement of a biological mesh in the intraperitoneal space to reinforce the peritoneal defect.