TENDER POINT INFILTRATIONS FOR THE TREATMENT OF POSTOPERATIVE CHRONIC INGUINAL PAIN – CASE SERIES

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AIM

Postoperative chronic inguinal pain is defined as new or increased groin pain persisting for a minimum of 3 months following inguinal hernia repair surgery. The incidence of moderate to severe cases ranges from 5-10%, and can severely impact patients' quality of life. Tender point infiltrations are one of the therapeutic approaches we are currently employing for its management, and we aim to present our results.

MATERIALS & METHODS

This study includes 20 patients with postoperative chronic inguinal pain treated with tender point infiltrations using Dexamethasone 6mg and Mepivacaine 2% between 2021 and 2024. Each patient underwent 3 to 5 infiltrations, administered at weekly intervals. Subjective inguinal pain levels were assessed using the EVA score pre-treatment and 3 months post-treatment.

RESULTS

Among the 20 patients, 14 of them (70%) reported decreased inguinal pain and subjectively perceived improved quality of life. Specifically, 8 patients (40%) experienced significant pain relief (EVA 0-1), while 6 patients (30%) showed partial improvement (EVA 4-5). However, 6 patients (30%) showed no response to the treatment.

PATIENT CHARACTERISTICS	
Sex	17 male / 3 female
Age	Mean 56,5 (29 – 74)
Laterality	12 right / 7 left / 1 bilateral
Technique	15 Lichtenstein 2 TAPP 1 TEP
Response	8 complete response (40%) 6 partial response (30%) 6 no response (30%)

CONCLUSIONS

Tender point infiltrations represent a minimally invasive technique that can effectively reduce chronic inguinal pain in some patients. Despite its notable failure rate, this technique is simple, cost-effective, associated with minimal patient discomfort, and has a low incidence of complications. Therefore, it should be considered as a potential treatment option for suitable cases.