

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

Torres-Jurado MJ<sup>1</sup>, Trujillo-Díaz J<sup>2</sup>, Gómez-López JR<sup>2</sup>, Concejo-Cutoli MP<sup>2</sup>, Montenegro-Martín MA<sup>2</sup>, Martín-del Olmo JC<sup>2</sup>

<sup>1</sup>University Hospital of Salamanca, Salamanca (Spain)

<sup>2</sup>Medina del Campo Hospital, Valladolid (Spain)

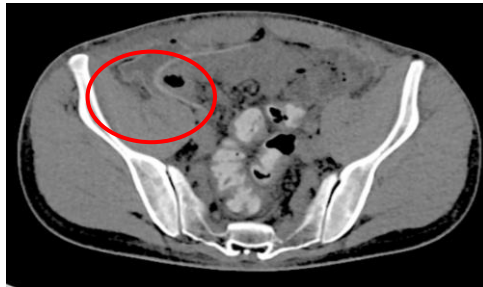
## INTRODUCTION



•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



A 30-year-old male underwent bilateral TAPP hernioplasty for inguinal hernia repair.



On postoperative day 8, he presented with abdominal pain, distension, and vomiting.



Laparoscopic reoperation was performed.



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

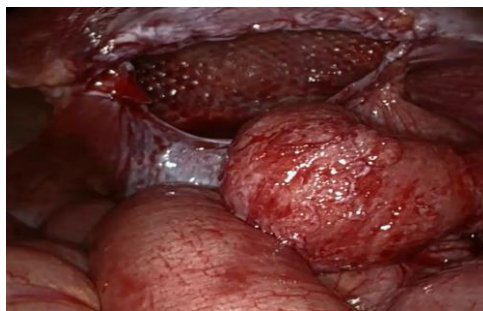
## RESULTS

•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.