47th ANNUAL INTERNATIONAL CONGRESS
EHS 2025 JUNE 4-6 PARIS - FRANCE

OTHERS

SUPRAPUBIC PAIN FOLLOWING EVISCERATION REPAIR WITH PROSTHETIC MESH FIXATION: A CASE REPORT

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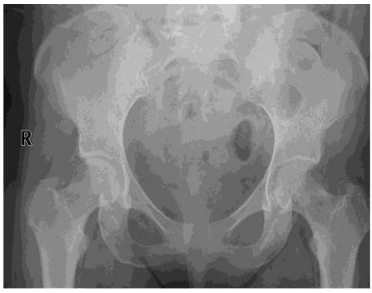
AIM

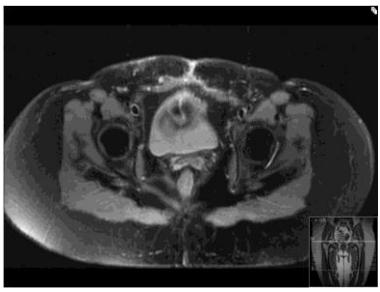
To present a case of osteitis pubis (OP) after emergency evisceration repair involving prosthetic mesh fixation to the pubic periosteum, emphasizing its clinical presentation, diagnostic approach, and management.

MATERIAL & METHODS

We report on a 38-year-old woman who underwent emergency repair of abdominal evisceration 12 days after endometriosis surgery. A titanium-coated polypropylene mesh was fixed to the abdominal wall and pubic periosteum using non-absorbable sutures. Seventy-eight days post-surgery, she presented with bilateral inguinal pain (left-sided dominance), worsened by ambulation, along with fever and elevated inflammatory markers (ESR 90 mm/h, CRP 4.65 mg/dL). Radiography revealed widening of the pubic symphysis and demineralization of the ischiopubic rami, while MRI confirmed joint irregularity and synovitis consistent with septic arthritis.



Radiograph demonstrating bilateral ischiopubic rami demineralization and widening of the joint space consistent with osteitis pubis.



MRI showing joint-surface irregularity and subchondral signal changes at the pubic symphysis with large synovitis compatible with septic arthritis. Also shows left adductor muscle and pectineal myositis

RESULTS

Conservative management, including rest, NSAIDs, and antibiotics, provided no significant improvement. Surgical exploration revealed an intense foreign-body reaction. The mesh was removed, and localized curettage and sequestrectomy were performed. A biological mesh replaced the initial prosthesis. Histopathological analysis ruled out osteomyelitis. The patient achieved full recovery and excellent functional outcomes at 14-month follow-up.

CONCLUSION

Osteitis pubis, though rare, should be included in the differential diagnosis for postoperative inguinal or pubic pain with fever, particularly after surgeries involving prosthetic fixation. Timely imaging and appropriate treatment, including surgical intervention when necessary, are critical. This case highlights the importance of considering OP in similar clinical scenarios and adopting strategies to minimize periosteal trauma during pelvic procedures

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