

126. POSTOPERATIVE MEDIAN INCISIONAL HERNIAS OCCURRENCE AND THEIR SURGICAL TREATMENT WITH RETROMUSCULAR PROLENE MESH AND HERNIAL SAC

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Introduction: Median incisional hernias are the most frequent postoperative complications in the surgical practice. They can occur in different forms and at different ages. Because of its high incidence rate, many surgical techniques are being used, but neither one is superior over the others. However some creative combined techniques show promising results.

Aim: Analyzing occurrence rates and types of postoperative median incisional hernias at different ages and genders. Evaluation of the efficiency of different surgery techniques.

Materials and Methods: We conducted a retrospective study at the 2nd Department of Surgery, Emergency County Hospital in Tirgu Mures, during January 2010 and January 2016.

Results: From 763 patients 517(67.76%) were females and 246(32.24%) were males. The highest incidence rate was noticed between the age of 60 and 70, at both genders (35.13%). We found in 18(2.36%) cases giant incisional hernias and in 98(12.84%) cases multilocular hernias. There were 48(6.29%) life threatening cases, caused by incarcerated incisional hernias. Recurrences appeared in 51(6.68%) cases. In most of the cases (485=63.57%) abdominal wall reconstructions were made with prolene mesh in retromuscular position, followed by primary suture repairs (211=27.65%) and finally (67=8.78%) prolene mesh in retromuscular position and hernial sac were used together in the surgical treatment. The two most common early complications were: rectus sheath hematomas and subcutaneous seromas.

Conclusion: Postoperative median incisional hernias have a high incidence and recurrence rate, especially between the age 60 and 70. Prolene mesh in retromuscular position or primary suture repairs are not always enough. Using prolene mesh in retromuscular position together with the hernial sac is a more secure and low cost proceeding, especially in cases of giant incisional hernias.

Key words: prolene, hernia, treatment.

127. ABDOMINAL WALL HERNIAS SURGERY IN PATIENTS WITH CIRRHOSIS AND ASCITES.

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