A CASE SERIES OF THIGH ABSCESS AND SINUS TRACTS WITH TRANSOBTURATOR TAPE

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Aim

Mesh complications are becoming increasingly well understood since a high vigilance warning set in the UK in 2018. Infected implant is one of the known complications but less commonly seen. Reported complication includes sinus tracts and abscesses associated with vaginal mesh insertion for pelvic organ prolapse (POP) and stress urinary incontinence (SUI). In the National Mesh Centre , Glasgow, we have treated patients referred in with groin abscesses and thigh swelling due to mesh complication.

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Method

This case report discusses three patients with transobturator tape inserted between 2009-2011, who presented to the national mesh service with abscess collection in the thigh measuring between 3-9cm.

Report

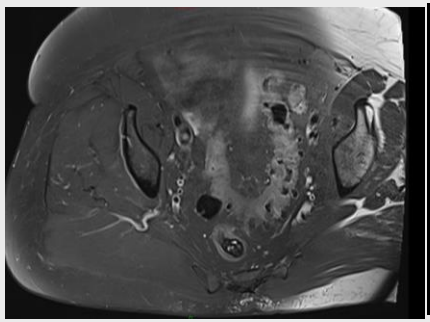
Patient 1 had had association with mesh identified on MRI imaging prior to referral following drainage of abscess by General Surgery and no prior association at first presentation. Patient 2 had drainage of abscess thought to be infected lipoma and not deemed associated with mesh initially and later identified by the surgical team and mesh partly removed before referral onto the mesh service.

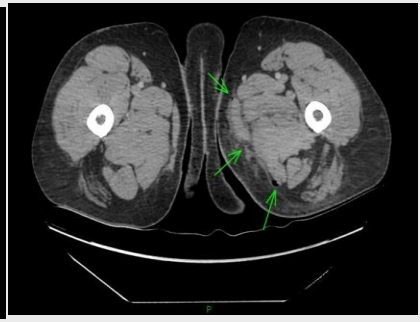
Patient 3 presented acutely unwell due to an abscess, but the mesh tape was identified as the cause and urgent referral to our service was made before any surgical intervention. This patient had had mesh trimmed previously due to exposure.

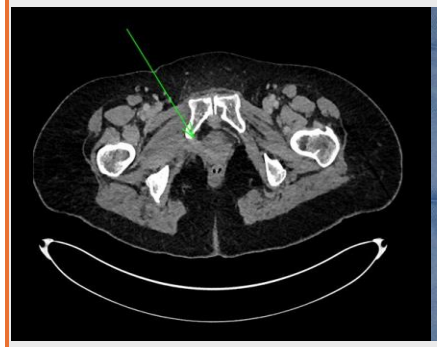
All patients had palpable abscess on examination. A full clinical assessment and use of imaging modalities, namely translabial ultrasound, CT and MRI imaging, were all utilised. This allowed operative planning as we were able to identify these abscess and their communications from the mesh implants and any sinus tracts.

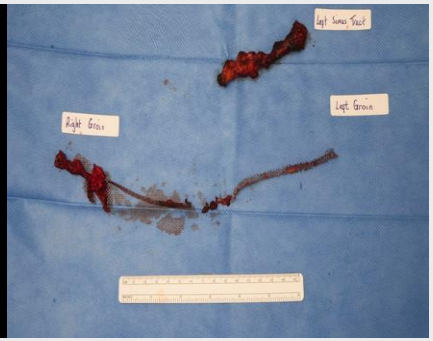
All 3 patients underwent urgent drainage of abscess and total removal of mesh +/- excision of sinus tracts and though all were surgically challenging, they were uncomplicated. Findings in patient 1 included mesh tape free in tissues without sinus tract. Patient 2 and 3 had tape encased within a sinus tract.

Two patients had uneventful recovery and 1 patient (patient 2) had prolonged hospital stay with spreading cellulitis which improved with antibiotics and was discharged 7 days post-operatively due to soft tissue infection complicating recovery.









Interpretation

Mesh clinics are environments where we see a vast array of patients with different presentation of symptoms from a variety of mesh implants. Potential for remote abscesses should not be overlooked in patients presenting to any clinic with prior history of mesh implant. These patients often present to other specialties leading to delayed diagnosis and definitive management. This should prompt imaging and liaison with specialist mesh services to avoid delay in diagnosis and treatment.

These cases are explored in depth within this case report to aid future management of patients presenting similarly and to guide potential follow-up planning in those who are potentially more unwell at the time of presentation.