

## Letters to the Editor

### Bowel obstruction secondary to intraluminal migration of the abdominal wall mesh

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*Key words:* Obstruction. Intraluminal mesh. Migration mesh.

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*Dear Editor,*

Eventration is an important public health problem due to its high incidence of around 12-15% in all laparotomies performed. The repair of an eventration has a 5-15% risk of complications (1). In recent years, the repair with prosthetic material has resulted in additional complications.

#### Case report

We present a case of a 63 year old male who underwent a Hartmann's procedure for an acute perforated sigmoid diverticulitis in 2004 with reconstruction of colonic transit in 2005 and ventral eventration with an intraperitoneal Dual Mesh repair in 2007. One year later, he came back to the emergency room with a small bowel obstruction. The CT scan showed a small bowel dilation with an abrupt change of caliber at the ileum due to an intraluminal foreign body. Emergency surgery was then performed where an ileon loop with prosthetic material (mesh) in the lumen of the bowel that was totally phagocytosed was found, as well as a secondary bowel dilation. Resection of the affected section and an anastomosis was then performed (Fig. 1). The wall defect was repaired with Permacol mesh. The postoperative period was uneventful and the patient was discharged 7 days after



Fig. 1. Prosthetic material (mesh) in the lumen of the bowel.

the surgery. To date, the patient has no recurrence of eventration during follow up.

#### Discussion

There are only a few cases in the literature that describe a bowel obstruction due to intraluminal mesh migration. The exact mechanism of intraluminal mesh migration is unknown, although, Yolen et al. have proposed an interesting theory. They propose that intra-abdominal foreign bodies migrate to the bowel by initiation of an inflammatory reaction. The foreign body is then encapsulated by the omentum and together with the inflammatory reaction, it creates an opening into a hollow organ assisted by the peristaltic movement of the bowel (4). The treatment is surgical and in this case, resection of the affected bowel section was required.

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