WORLD CONGRESS OF GASTROENTEROLOGY AND DIGESTIVE DISEASES

Sanz Pablos, Jaime1; Cabezas López, Elena1,2; Miró Matos; María1; López Carrasco, Irene1; Montero Pastor Nerea1; Moratalla Bartolomé, Enrique1,2.

1 Department of Gynecology, Division of female Pelvic Medicine and Reconstructive surgery, Hospitales Madrid (HM), Madrid, Spain.
2 Department of Gynecology, Division of endoscopic gynecology, Hospital Ramón y Cajal, Madrid, Spain.

Mesh excision secondary to spondylodiscitis after colposacropexy graft rejection. Step by step video

Abstract:

Aim of the video / Introduction: Spondylodiscitis secondary to colposacropexy is an extremely rare entity. Infection and mesh rejection are the main causes. Removal of the mesh is essential for patient's recovery and it could be a very challenging surgical procedure.

Case/methods: A 72-year-old woman presenting with severe low back pain in the context of a recent colposacropexy. Magnetic resonance imaging is performed and spondylodiscitis secondary to prolapse correction surgery with mesh is suspected. In order to ensure an adequate recovery, removal of the mesh is required.

Step by step video: The aim of the video is to show a mesh rejection and describe step by step how a mesh excision should be performed.

Conclusions: Spondylodiscitis secondary to colposacropexy should be suspected when the patient starts with moderate lumbar pain and is not correctly controlled with first level analgesia. Infection or mesh rejection should be considered. Mesh rejection should be suspected when patient does not improve after antibiotics. Complete removal of the mesh is needed in order to ensure patient's recovery.

Key words: Spondylodiscitis; mesh; colposacopexy; prolapse.

ISBN: 978-1-0685851-3-5