Eventrations péristomiales: Prévention & traitement

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Eventration

- Hernie sur cicatrice chirurgicale

Facteurs de risque

- Age
- Obésité – Malnutrition
- Immunosuppression
- Cancer
- Corticothérapie
- BPCO
- Infection paroi
- Technique chirurgicale

Eventration Péristomiale

- Iléostomie terminale: 2-28%
- Colostomie terminale: 4-48%
- Iléostomie latérale: 0-6%
- Colostomie latérale: 0-30%

- Définition ?
- Follow-up ?


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Symptômes

- Asymptomatique

- Douleurs
- Difficultés d'appareillage

- Obstruction

Diagnostic

- Examen clinique
- CT scan

Traitement

- Eviter les stomies
- Non chirurgical
- Chirurgical curatif
- Chirurgical préventif

Chirurgie

- Primary repair
- Transposition
- Réintégration

- Prothèse
  - Laparotomie
  - Laparoscopie

Peritoneal Approach to Prosthetic Mesh Repair of Paraostomy Hernias

PAUL H. SUGARBAKER, M.D.

Ann. Surg. • March 1985

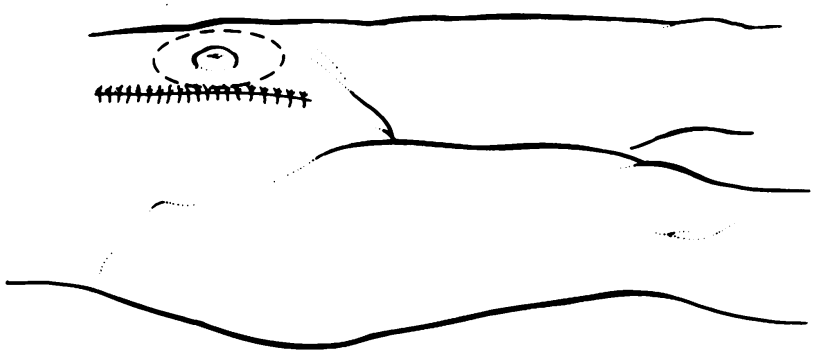

FIG. 5. The abdomen is closed with the hernia repaired.

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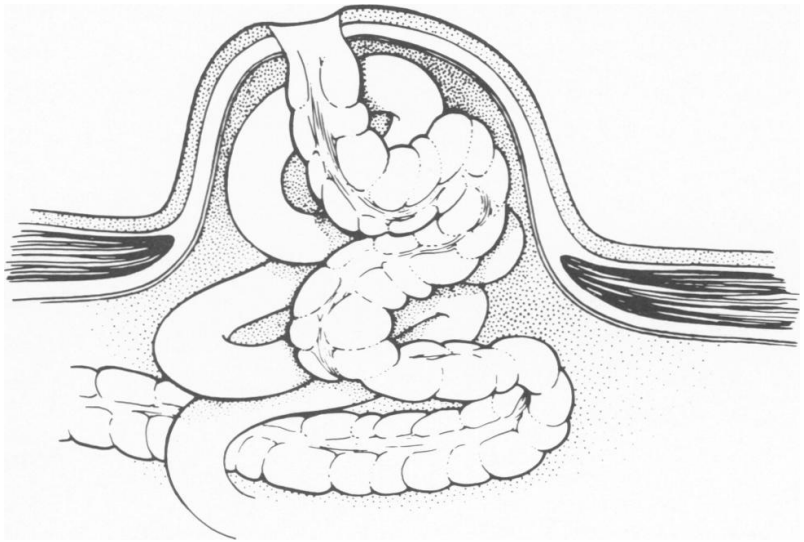

FIG. 2. Anatomic situation usually encountered in a recurrent paraostomy hernia. The fascial ring is large with attenuated edges.

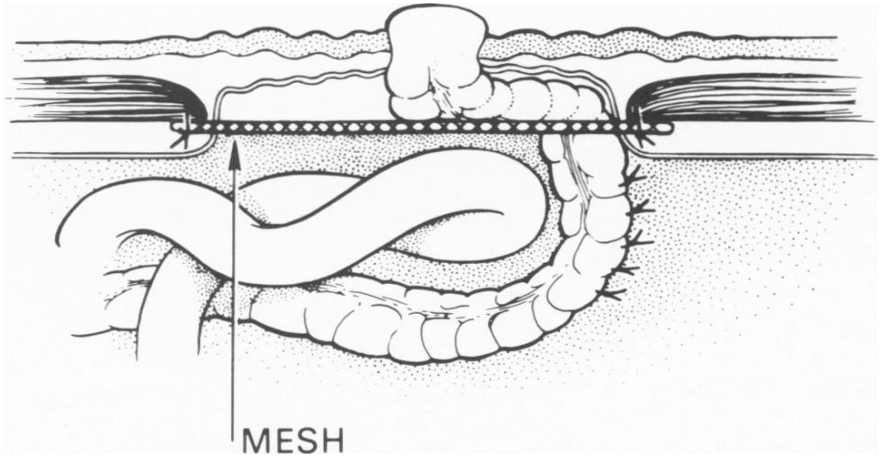

FIG. 4. Prosthetic mesh is used to close the hernia defect. The bowel loop exiting at the ostomy site is secured lateral to the mesh.

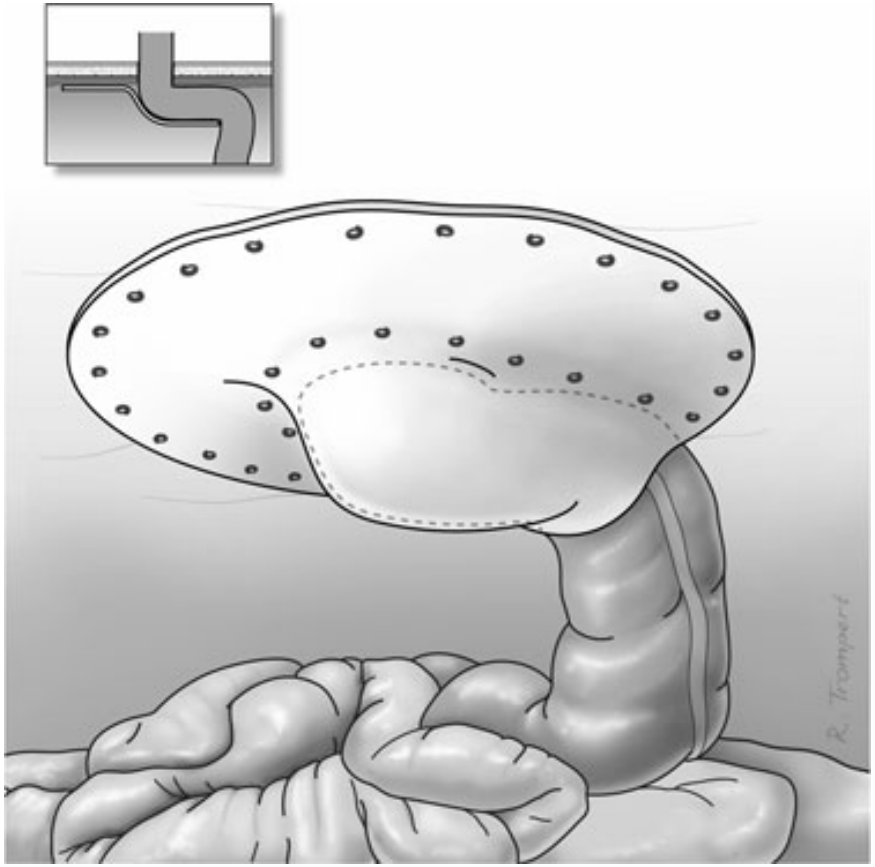

FIGURE 11. Sugarbaker mesh technique of parastomal hernia repair.

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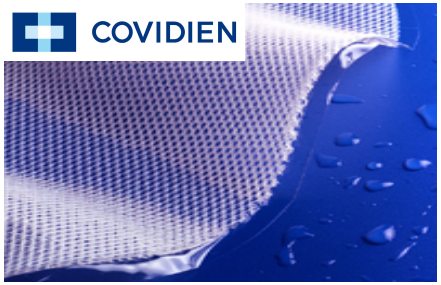

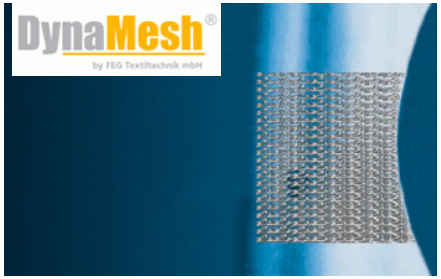

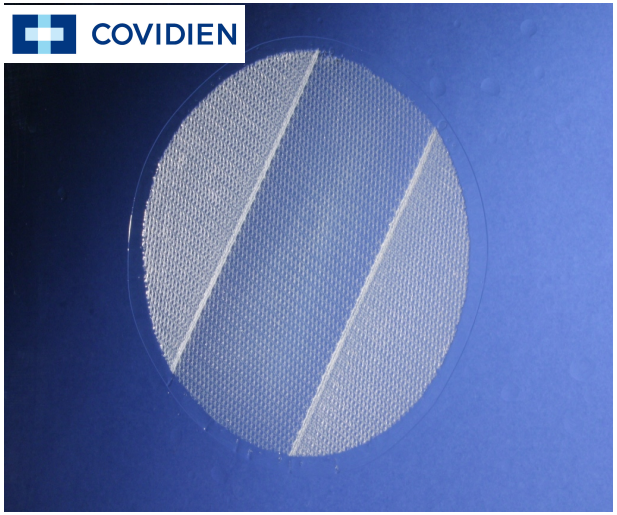

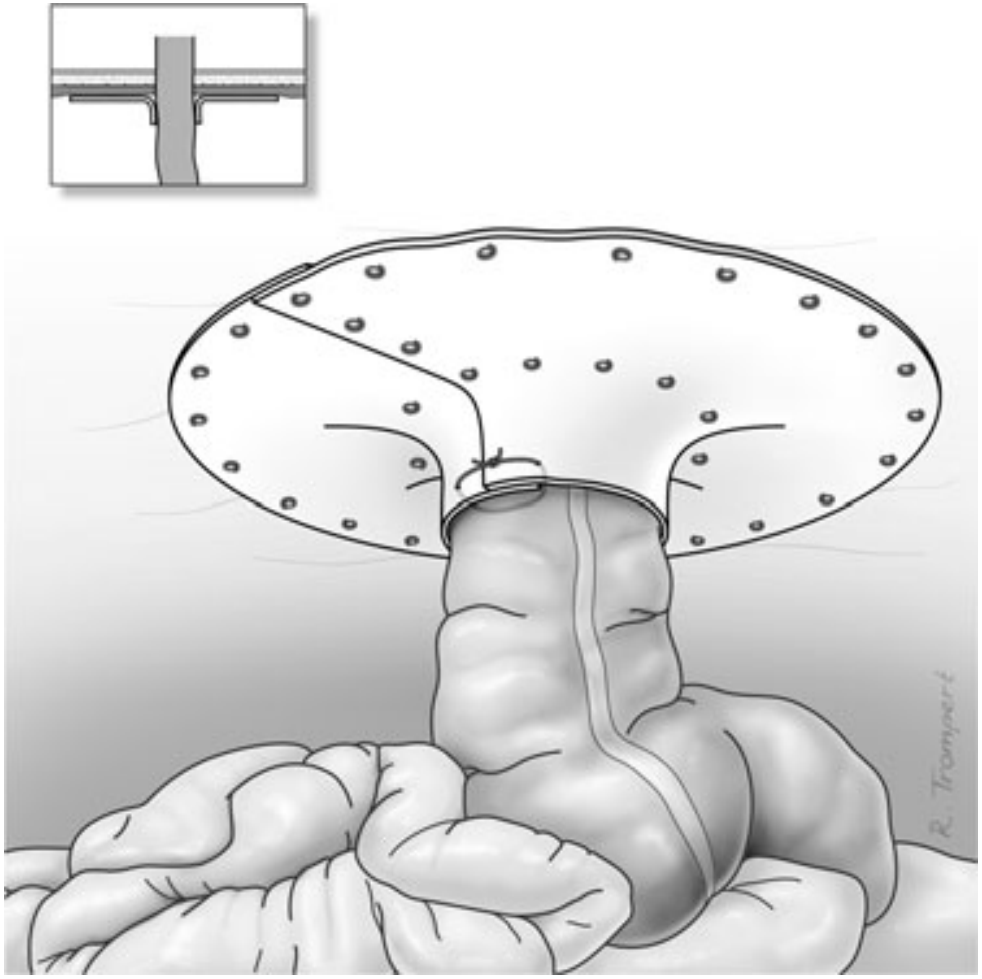

FIGURE 9. "Keyhole" mesh technique of parastomal hernia repair.

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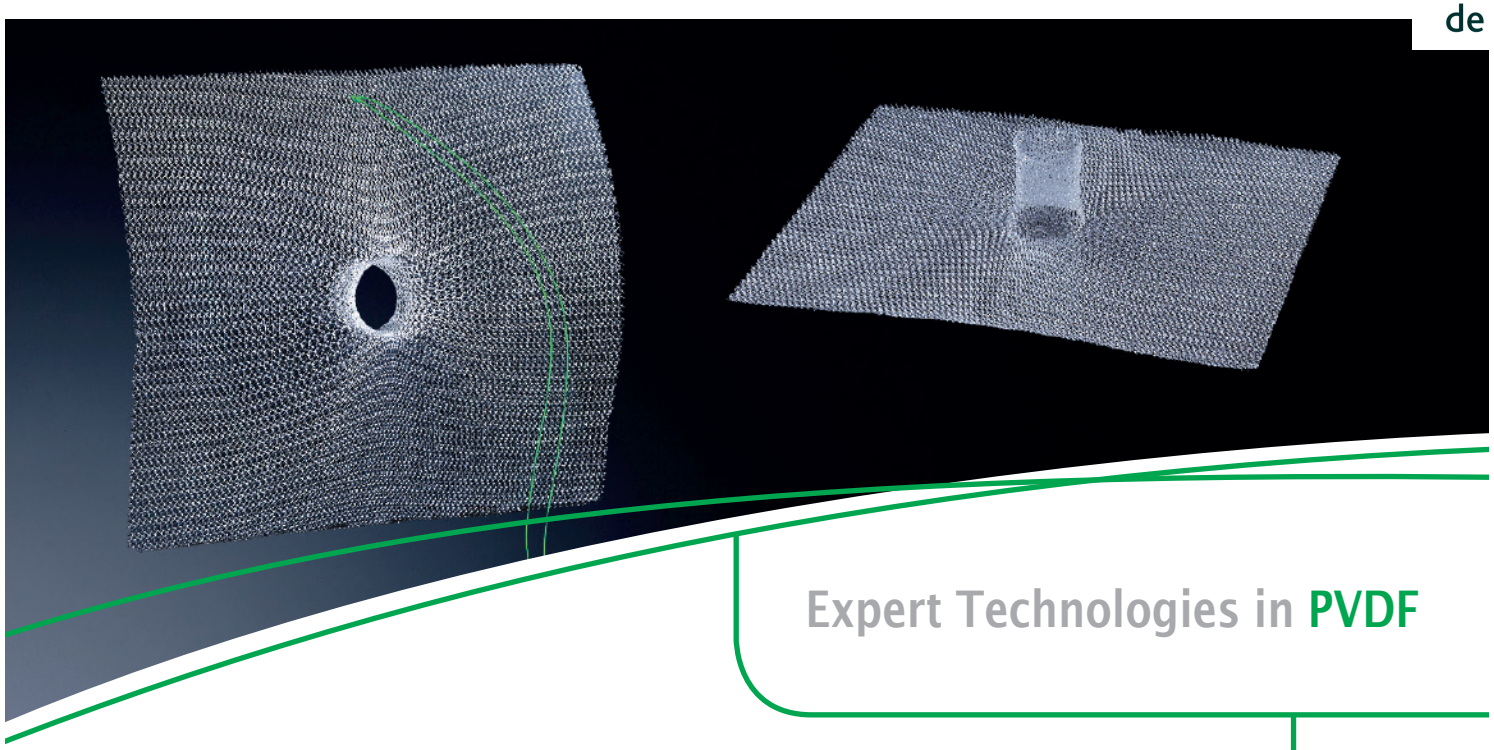

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Prévention

RANDOMIZED CONTROLLED TRIAL

Prevention of Incisional Hernias by Prophylactic Mesh-Augmented Reinforcement of Midline Laparotomies for Abdominal Aortic Aneurysm Treatment

A Randomized Controlled Trial

Filip E. Muysoms, MD, Olivier Detry, MD, PhD,† Tijl Vierendeels, MD,‡ Marc Huyghe, MD,§ MD, PhD,¶ Martin Ruppert, MD,|| Tim Tollens, MD,** Jean-Olivier Defraigne, MD, P and Frederik Berrevoet, MD, PhD‡‡*

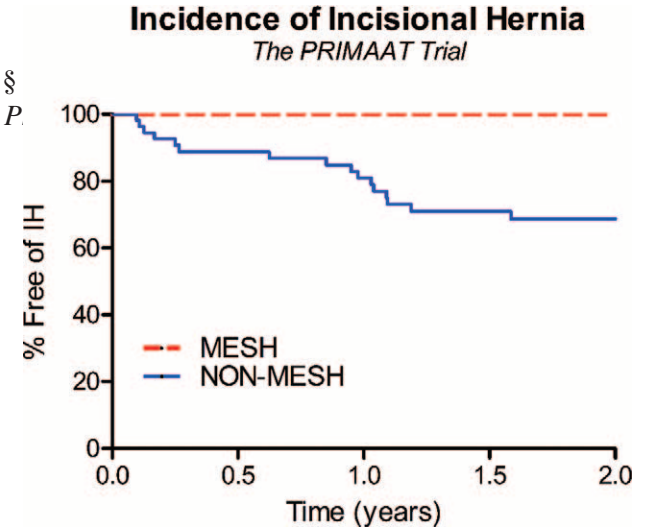

FIGURE 2. Estimated freedom of incisional hernia curves (Kaplan-Meier) in 114 patients treated for abdominal aortic aneurysm through a midline laparotomy randomly allocated to conventional laparotomy closure or closure of the wound with a prophylactic retromuscular mesh-augmented reinforcement. They were significantly different across study arms ($\chi^2 = 19.50$, $P < 0.0001$; Mantel-Cox test).

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Systematic review

Meta-analysis of prophylactic mesh to prevent parastomal hernia

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Background: Rates of parastomal hernia following stoma formation remain high. Previous systematic reviews suggested that prophylactic mesh reduces the rate of parastomal hernia; however, a larger trial has recently called this into question. The aim was to determine whether mesh placed at the time of primary stoma creation prevents parastomal hernia.

Methods: The Cochrane Central Register of Controlled Trials, MEDLINE, Embase and CINAHL were searched using medical subject headings for parastomal hernia, mesh and prevention. Reference lists of identified studies, clinicaltrials.gov and the WHO International Clinical Trials Registry were also searched. All randomized clinical trials were included. Two authors extracted data from each study independently using a purpose-designed sheet. Risk of bias was assessed by a tool based on that developed by Cochrane.

Results: Ten randomized trials were identified among 150 studies screened. In total 649 patients were included in the analysis (324 received mesh). Overall the rates of parastomal hernia were 53 of 324 (16·4 per cent) in the mesh group and 119 of 325 (36·6 per cent) in the non-mesh group (odds ratio 0·24, 95 per cent c.i. 0·12 to 0·50; $P < 0·001$). Mesh reduced the rate of parastomal hernia repair by 65 (95 per cent c.i. 28 to 85) per cent ($P = 0·02$). There were no differences in rates of parastomal infection, stomal stenosis or necrosis. Mesh type and position, and study quality did not have an independent effect on this relationship.

Conclusion: Mesh placed prophylactically at the time of stoma creation reduced the rate of parastomal hernia, without an increase in mesh-related complications.

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Conclusions

- Eventrations péristomiales
- Traitement chirurgical avec prothèse intrapéritonéale
- Laparoscopie > laparotomie
- Prévention

MERCI !

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