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Transmural Gastric Migration of Dual-sided PTFE/ePTFEE Mesh after Laparoscopic Surgery for a Recurrent Hiatal Hernia with Dysphagia: Case Report

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Abstract
Several series have shown that laparoscopic fundoplication is feasible and safe for the treatment of hiatal hernia, although a high recurrence rate of 42% has been published. The use of mesh repair in these hernias has shown fewer recurrences than primary suture with small number of complications reported. Some of these are severe fibrosis within the hiatus, mesh erosion of the intestinal wall, esophageal strictures, mesh migration into the upper gastrointestinal tract and esophageal perforations. We present a case with late erosion and complete transmural gastric migration of the mesh after surgery. In these cases, the patients may require complex surgical intervention. That was not the case in our patient, who did not require further surgery because the mesh migrated completely. It is therefore advisable to use a mesh very selectively for the laparoscopic repair of hiatal hernias, taking into account the surgeon's experience, the anatomy of the hiatus and the symptoms of the patient.
Key words: paraesophageal hernia, dysphagia, laparoscopic, antireflux surgery, prosthetic hiatal closure

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