

Pediatric inguinal hernia: Shall we change practices?

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Purpose

Whether to correct a pediatric inguinal hernia (IH) through open or laparoscopic repair is still controversial. ^{1,2} Laparoscopy has gained many followers in the last decade, being the strongest argument in favour the possibility of prevention of a metachronous contralateral inguinal hernia (MCIH).

We aimed to evaluate the incidence of a MCIH in a cohort of patients < 1 year old that had unilateral inguinal hernia open repair (OR), to characterize those in whom a MCIH was identified on follow-up and to review the most recent literature in laparoscopic pediatric IH repair, patent processus vaginalis (PPV) and MCIH.

Methods

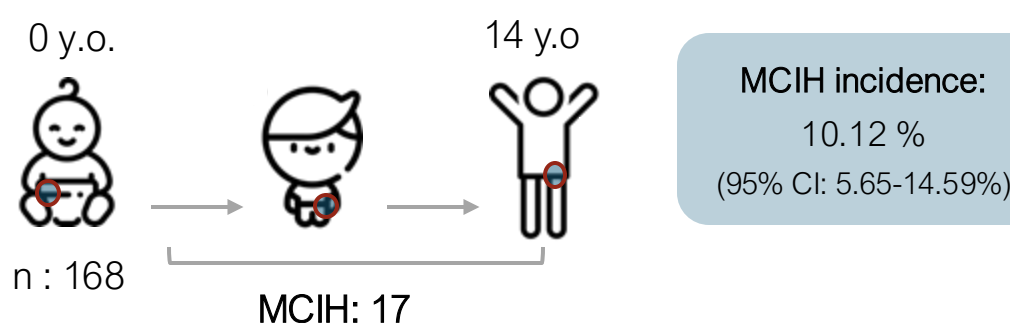


Data collected: sex, IH side, age at OR, prematurity and diagnosis of MCIH.

Exclusion criteria: ≥ 1 y.o., bilateral IH, cryptorchidism, recurrent IH, laparoscopic repair and unavailable data.

Statistical analysis: SPSS®.

Results



Sex: 12 ♂ | 5 ♀ $p = 0.5$

Side: 10 R | 7 L $p = 0.7$

Mean age at OR: 3.24 m $p = 0.075$

Prematurity: 3 (n=) $p = 1$

Table 1. MCIH population's characteristics and variable comparison between patients **with IH** with MCIH and IH **without** MCIH.

No significant association was found between these variables and the presence of a MCIH.

Conclusion

Although there are recommendations towards the laparoscopic repair in pediatric IH, formal and consensual guidelines are yet to come. The reported incidence of PPV ranges within 20-60%³ and of MCIH between 5-31%⁴, with most studies agreeing in values of 5-12%⁵ meaning that probably not all PPV will become an IH.

In our study, and in agreement with the literature, a **MCIH was found in 10.12% and there was no significant association between sex, side, age at OR and prematurity ($p > 0.5$)**. According to this results, to avoid one MCIH ten contralateral inguinal explorations would be necessary. This reinforces the fact that the use of laparoscopy to detect and close a PPV, and consequently, to prevent MCIH is still a questionable argument.