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Transinguinal Preperitoneal Mesh Plasty – An Alternative or a Dispensable Technique? A Prospective Analyze vs Lichtenstein Repair for Complex Unilateral Groin Hernias

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Abstract
Background: complex groin hernia is a well describe entity with a high risk of recurrence and postoperative complications. There is no standardized approach and no reports to confirm the efficcacy of a surgical procedure. Our goal was to compare Lichtenstein repair (LR) as "golden standard" for open anterior approach with the transinguinal preperitoneal plasty (TIPP) in the treatment of complex groin hernia repair.
Material and methods: the study was a prospective one and includes all patients with complex hernias admitted in the Department of Surgery of the Military Hospital Cluj-Napoca between January 2010 and December 2014. All the patients were randomized in two groups: LR and TIPP. Baseline characteristics, intraoperative findings, pain and complications were recorded. Follow-up was at least 1 year. The main outcome after 1 year were recurrence, chronic pain and its intensity recorded on VAS scale.
Results: 205 patients (101 in LR group and 104 in TIPP) were included in the study. There were no differences in baseline characteristics and operative findings. Postoperative pain was lower for TIPP group ($p < 0.05$). Follw-up was 98% at 1 month, 74% after 6 months and 64% after 1 year. Recurrence rate was higher for LR ($p=0.027$). Pain was increased in LR group.
Conclusion: TIPP is equal in terms of chronic pain and recurrence for complex groin inguinal hernias.
Key words: complex groin hernia, LR, TIPP, recurrence, chronic pain