

Clinical Image*Open Access, Volume 3***Intestinal resection via perineal in a patient with recurrent perineal hernia*****Corresponding Author: AI Fernandez Sanchez***

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Introduction

Colorectal cancer is a pathology whose incidence is increasing, which leads to an increase in associated intestinal resections. The incidence of perineal hernia after abdominoperineal amputation varies according to the series between 1 and 26%.

Clinical case description

We present the case of a 69-year-old woman diagnosed with neoplasia of the midrectum, requiring abdominoperineal amputation in 2016, and repair of a perineal hernia observed during follow-up in 2018, with placement of a Ventralex-type mesh. Consultation in 2019 for suspected recurrence of perineal hernia confirmed by MRI. Surgical reintervention was decided, evidencing within the hernia sac a loop of loops of small intestine adhered to previous mesh. It is resected and a laterolateral perineal mechanical anastomosis is performed with Proceed-type mesh placement. Postoperative marked by paralytic ileus, discharged after resolution.

**Figure 1:**

Conclusion

Although there is no consensus in the literature on the approach of choice for perineal hernia repair, the perineal approach offers good results in most patients and avoids the morbidity associated with the abdominal approach. On the other hand, regarding the abdominal approach, minimally invasive surgery is indicated in recurrent hernias in which it is necessary to revise the intestinal package.

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