LETTERS TO THE EDITOR

Dear Editor,

Sexual impairment due to mesh plug hernia repair?

Chronic pain is common after hernia repair and surgical revision is a favourable treatment option.¹ However, little is known about sexual impairment after herniorrhaphy.^{2,3} We aim to emphasize the potential of sexual dysfunction after mesh plug repair.

A 20-year-old woman was admitted 6 weeks after mesh plug repair for permanent deep vaginal pain worsened during sexual intercourse. Symptoms had started 2 weeks after operation and were estimated to be 55 on a visual analogue scale (VAS, 0–100). A 'cone-shaped mass' was palpated at the vaginal apex where the pain was reproducible. Intraoperatively, the mesh was found to be inserted through a direct defect into the preperitoneal space in close contact with the vaginal fornix. Mesh removal and radical neurectomy of the ilioinguinal and iliohypogastric nerve entailed complete symptom relief (VAS 0) up to 12 months after surgery.

A 46-year-old man was referred 14 months after mesh plug repair for severe (VAS 68) groin pain during intercourse. Symptoms had started 2 months after surgery and were worse during ejaculation. A nodular formation could be palpated at the deep inguinal ring in the area of maximum tenderness. During revision surgery, the mesh plug was adherent to the vas deferens (Fig. 1). Mesh removal and radical neurectomy of the ilioinguinal and iliohypogastric nerve was followed by partial pain relief (VAS 35) but dysejaculation was still present.

Painful sexual dysfunction after hernia repair is a typical but underestimated problem.^{2–5} Dyspareunia in the female patient was because of an avoidable malposition of the mesh. Surgical mesh removal was the causal treatment, explaining the complete symptom relief. Surgical exploration of the male patient showed a vas deferens completely adherent to a scar tissue induced by the mesh plug. The resected nerves were intact on histological examination and a thorough urological examination did not show any other pathology. The reduced but persisting symptoms can be explained by fibrosis or twisting of the vas deferens.^{2,3} Complete cure of symptoms by open or laparoscopic revision is only possible if the lesion of the cord structures is minor and reversible.^{3,4}

Fig. 1. The mesh plug (*) is fixed to the vas deferens (arrow) by scar tissue (double arrow). The ilioinguinal nerve (arrow head) is already dissected.

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