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		M Dewulf, F Muysoms, T Vierendeels, M Huyghe, M Miserez, M Ruppert, L V F Berrevoet, O Detry British Journal of Surgery, Volume 109, Issue Supplement_7, October 2022 https://doi.org/10.1093/bjs/znac308.069 Published: 13 October 2022				Email alerts Article activity alert Advance article alerts New issue alert Subject alert
		aortic a reported	Iction dence of incisional her neurysm (AAA) is high d favorable results with	ernias (IHs) after open repair of n. Several randomized controlle th the use of prophylactic mesh ions. In this analysis we report	ed trials have to prevent IHs,	Receive exclusive offers and updates from Oxford Academic Related articles in Google Scholar

45).

Methods

In a prospective, multicenter, open label, randomized design, patients were randomized between prophylactic retrorectus mesh reinforcement (MESH group), and primary closure of their midline laparotomy after open AAA repair (NOMESH group). This article reports on the results of clinical follow-up after 60 months. If performed, ultrasonography or computed tomography were used for the diagnosis of IHs.

the 60-month follow-up of the PRIMAAT trial (Ann Surg 2016; 263(4): 638-

Results

Of the 120 randomized patients, 114 were included in the intention-to-treat analysis. Thirty-three patients in the NOMESH group (33/58-56.9%) and 34 patients in the MESH group (34/56-60.7%) were evaluated after 5 years. The cumulative incidence of IHs in the NOMESH group was 32.9% after 24 months and 49.2% after 60 months. No incisional hernias were diagnosed in the MESH group. In the NOMESH group, 21.7% (5/23) underwent reoperation within 5 years due to an IH.

Conclusion

Prophylactic retrorectus mesh reinforcement after midline laparotomy for the treatment of AAAs safely and effectively decreases the rate of IHs. The cumulative incidence of IHs after open AAA repair, when no mesh is used, continues to increase during the first 5 years after surgery, which leads to a substantial rate of hernia repairs.

Issue Section: Abstracts



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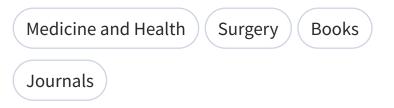
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