

## CASE REPORT

# TRANSURETHRAL EXCISION OF ERODED TRANS-VESICAL MESH AFTER SLING SURGERY: CASE REPORT

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### ABSTRACT

Intravesical mesh erosion is an uncommon late complication of a synthetic sling for SUI. Incidence reported between 0.6 to 3 %. Optimal management remains controversial, though there is tendency towards surgical removal by various routes. Here we describe a case which was managed endoscopically by transurethral laser excision of eroded sling mesh.

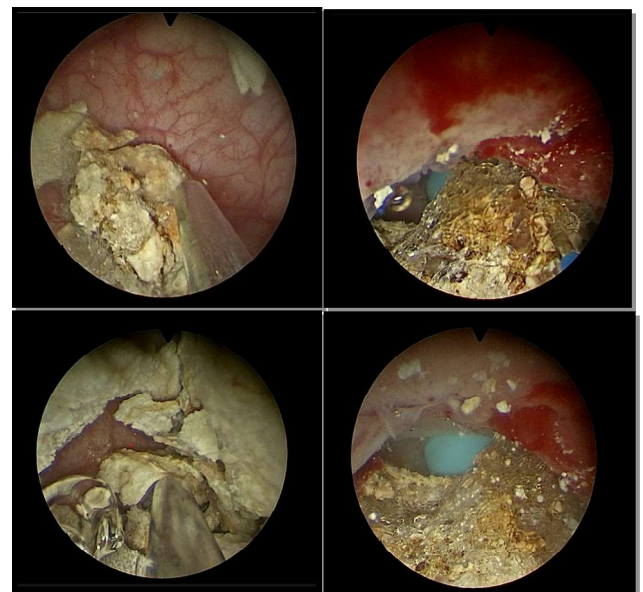
## INTRODUCTION

71-year-old elderly lady came with complains of multiple episodes of hematuria in last 5 months self limiting and of small quantity. Associated with occasional dysuria and suprapubic pain at times. No history of passage of clots, fever, obstructive voiding. Patient is known asthmatic with history of hemorrhoidectomy 10 yrs ago and surgery for urinary incontinence 15 years ago usg was Suggestive of curvilinear hyperechoic lesion measuring 2.7 cms at bladder neck – likely? vesical calculus or post-operative changes. Low dose CT scan done showed 2.7\*2.7\*2.7cms bladder calculi. Cystoscopy done showed 3 cms bladder calculi at bladder neck encasing discolored blue and white mesh extending from 10 to 2 o'clock with surrounding congested bladder mucosa. PCCLT was done with 30Fr Sheath and eroded intravesical mesh blocking bladder neck was excised with laser. PCCL tract closed and 18F foley was placed.

## RESULTS

Median time until presentation of mesh erosion aftersling surgery is 34 months (1-13 years).

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## DISCUSSION

- Median time until presentation after surgery is 34 months. (1-13 years).
- Clinical presentation includes voiding LUTS, recurrent UTI, Hematuria, but can include pain, frequency, SUI, UII, dysuria and dyspareunia.
- Often confused with post-operative BOO/ de-novo OAB.
- Clinical presentation also overlaps with genitourinary syndrome of menopause.

- However, presence of foreign body must be considered in patients with persistent LUTS resistant to pharmacotherapy.
- Absence of high index of suspicion may delay diagnosis.
- Another plausible reason for long interval between insertion and presentation may be mechanism of erosion.
- Traditionally open surgical approach (suprapubic/retropubic/transabdominal) was used for partial / complete mesh excision.
- Standard transurethral resection using bipolar loop has success rate of 90%, however there is increased risk of bladder/urethral perforation and fistula.
- Alternative is holmium laser as energy which has better precision and minimizes risk of perforation.
- Studies have shown 1/3 rd patient at 1 year require anti-incontinence surgery for recurrence of SUI at end of 1 year.
- Medical management with estrogen suppositories and urinary antiseptics has been described.

## CONCLUSION

Once diagnosed, treatment of mesh erosion should be individualized and all options should be explored.

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