



## EDİTÖRE MEKTUP / LETTER TO THE EDITOR

### **An unexpected complication in laparoscopic ventral mesh rectopexy surgery: azoospermia**

Laparoskopik ventral mesh rektopeksi cerrahisinde beklenmedik komplikasyon: azospermi

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To the Editor,

Rectal prolapse is the descending of the rectum and sigmoid colon from the anal canal partially or completely. Numerous etiological factors are held responsible, although the exact cause could not be found<sup>1</sup>. Patients usually present to the surgery clinic with the complaint of intestine prolapsing from the anal canal. In addition, the other complaints include hemorrhage, incontinence, defecation difficulty, and pain. There are many surgical options. An ideal treatment could not be revealed exactly due to postoperative recurrence and functional outcomes<sup>2</sup>. However, laparoscopic or robotic ventral mesh rectopexy (LVMR) surgery has become one of the most commonly used methods because of its better outcomes<sup>3,4</sup>. Although this method has a low rate of complications, surgery related complications may be seen. The most important complication is bleeding during surgery. Whereas, mesh related complications are commonly seen in the postoperative period. In this report, we aimed to evaluate an unexpected complication developed in our patient due to the surgery.

Rectal prolapse was detected in a 30-year-old male patient during infertility treatment and the patient was referred to general surgery clinic. After preoperative preparations, LVMR was performed. The patient was discharged without problem on the postop second day. Azoospermia was detected on the spermogram performed after the operation in the

patient who continued to infertility treatment. Upon the testicular biopsy taken was normal, imaging investigations were ordered. Pelvic magnetic resonance imaging examinations revealed a hematoma in the pelvic region. It was thought that azoospermia occurred because of the compression by the hematoma on seminal vesicles. Hematoma was assessed by the interventional radiology department. It was decided to keep the hematoma for a while since in was not organized. On the imaging performed after one month, it was found that the hematoma was shrunk and percutaneous intervention was not deemed necessary. Azoospermia was found to be resolved in the assessment made in the urology clinic.

The most important complication of laparoscopic ventral mesh rectopexy surgery is mesh related erosions seen during follow up. The erosions can be towards the vagina or the rectum<sup>5</sup>. The rate of erosion can be up to 9%. The most important perioperative complications are hemorrhage and injuries in the surrounding organs (ureter, bladder and intestinal organs etc.). Hemorrhage occurs due to vascular injuries when the rectum is released. In our patient, although no hemorrhage occurred during the surgery, postoperative imaging investigations revealed hematoma. We attributed compression symptoms in the patient without a decrease in hemogram values to the closure of the peritoneum during the surgery. A little hemorrhage in this closed cavity reaches high pressure and compresses

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surrounding structures. We think that azoospermia occurred because of this compression. Azoospermia was caused by the pressure which occurred in the seminal vesicles. The most important and mortal cause of the bleedings occurring in the pelvic region in colorectal surgeries is hemorrhage in the presacral vessels. Hemorrhage occurs by 0.25% to 8.6% in these venous structures <sup>6,7</sup>. It is difficult to stop presacral hemorrhage occurring during the surgery. Peking is necessary in unstopped bleedings. In our patient, we did not think a bleeding resulted from presacral vascular structure. Because there was no disruption in hemodynamic of the patient and no hemorrhage during the surgery. However, leak bleeding that occurred in this region in the postoperative period caused the development of

hematoma. Production problems or interruptions in the tracts are the most important causes of azoospermia. Our patient developed azoospermia due to the compression which occurred in the seminal vesicles. It was resolved spontaneously when the compression was removed. Drainage of the hematoma was not considered suitable by the interventional radiology department. Hematoma was waited to be organized. Since hematoma of the patient was absorbed by the body, no additional operation was needed.

There are many complications in colorectal surgery. It should be remembered that some of these complications may be encountered with unexpected symptoms.

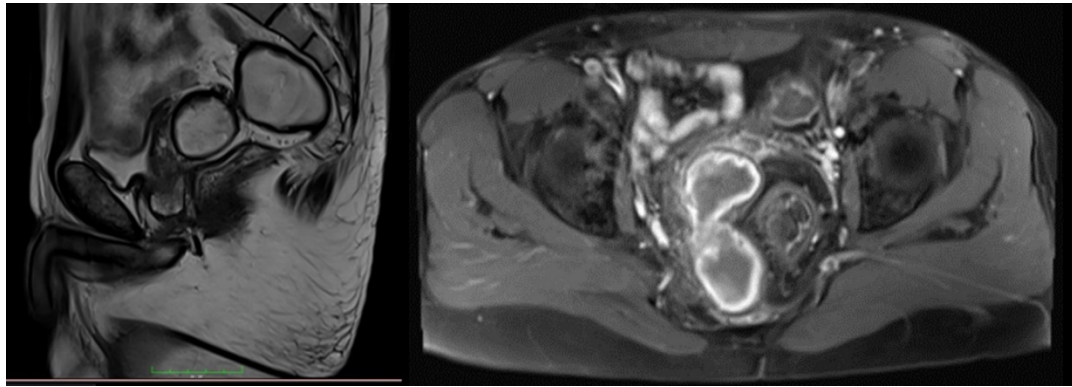


Figure 1. Pelvic magnetic resonance imaging: Hematoma in the pelvic region.

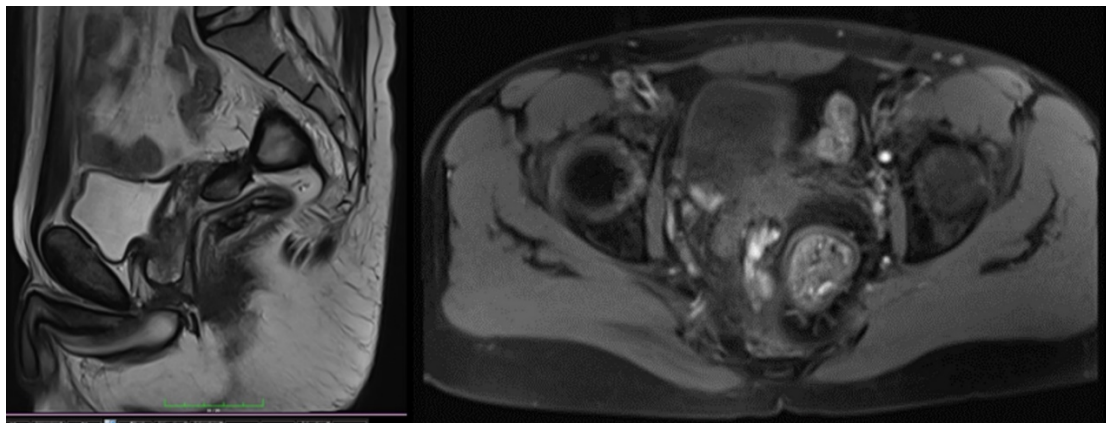


Figure 2. Pelvic magnetic resonance imaging: Organize of hematoma.

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