

Editorial

The Laparoscopic Approach for Rectus-Adductor Tendonopathy (Sport's Hernia) using Biologic Mesh

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Athletes with osteitis pubis and core muscle injuries have many options available for treatment. MRI can show pubic bone edema, rectus muscle insertion atrophy and/or adductor tendonopathy.

I recently repaired a 28 year old professional athlete who presented to me 4 weeks after an open core muscle injury repair (sports hernia repair done elsewhere). The MRI showed disruption of the left adductor tendon from the pubis and persistent opposing side rectus abdominis muscle insertion atrophy. A 3 port, pre-peritoneal, posterior, laparoscopic approach with biologic mesh was performed. The left adductor tendon disruption was done open with biologic mesh re-inforcement. Physical Therapy was started one week later with full activity at 1 month. A post-op MRI at 1 month, which is not routinely obtained, showed complete healing with hypertrophy of the repaired rectus and adductor muscles.

Reviewing the previous 165 athletes that had been surgically treated and followed for a minimum of 6 months was done. Results

found 137 males and 28 females. Age averaged 34.4 years (16-74). OR time averaged 32.2 minutes (19-75). There were 72 right, 54 left and 39 bilateral hernias repaired. Open adductor tendon micro-elongation with 4x7 cm biologic mesh re-inforcement was performed in 27 patients. Twenty-five (25) patients had a composite biologic mesh containing a layer of polypropylene (Zenapro) and had been previously reported [1]. Polypropylene mesh was used in addition to biologic mesh in 7 patients who had direct inguinal hernias larger than 4 cm. Ten of the 165 patients (6%) have reported recurrent symptoms without radiologic evidence of recurrence. One patient developed an infected seroma that was drained percutaneously with a satisfactory end-result.

It is my opinion and findings that the laparoscopic, posterior, pre-peritoneal repair of the Rectus-Adductor tendon with biologic mesh is safe and effective in treating athletes with core muscle injuries. Open exposure to the anterior adductor tendon with micro elongation and biologic mesh re-inforcement has aided the athlete in their recovery.

Continued performance of the posterior laparoscopic repair of the rectus and adductor tendon insertion onto the pubis with biologic mesh will be followed, observed and reported.

Reference

1. Edelman DS. Hybrid mesh for sports hernia repair. *Mini-Invasive Surg.* 2017; 1: 31-34.