

50-years of evidence on the effectiveness and complications following contralateral exploration: Are we there yet?

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Aim

- To assess the effectiveness and complications following contralateral exploration during unilateral hernia repair

Methods

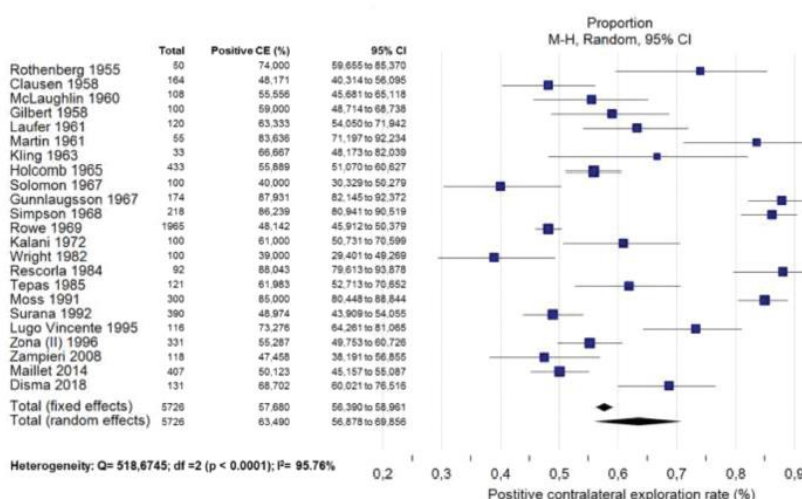
- Meta-analysis using MEDLINE, Embase and Cochrane Library databases
- Including patients with unilateral inguinal hernia who underwent contralateral exploration
- Random-effects model

Results

- 23 studies (n=6055, age range 1 week - 16 years)
- Patent contralateral processus vaginalis in 63.5% (n=3635, 95CI 56.9-69.9, I²=95.8%)
- Complications

Testicular atrophy/ascent	0.02%/0.6% in n=1324/1206
Hydrocele/hematoma	0.5% in n=1324
Wound infection	0.6 in n=1444
Recurrence	0.1% in n=741
Metachronous contralateral hernia	8.4% in n=3008

Positive contralateral exploration rate (intervention group).



Contralateral patent processus vaginalis rate of 63.5%

Complication rate of 1.5%.

Currently, no recommendations for clinical practice can be made regarding contralateral exploration.



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Discussion

- CPPV 63.5% versus complication rate 1.5%
- No study compared complications to subsequent MCIH development (8.4%)
- Currently insufficient evidence to draw conclusions

→ Awaiting results of HERNIIA-trial (RCT: unilateral hernia repair with or without contralateral exploration in children 0-6 months)