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Randomized clinical trial of Desarda versus Lichtenstein repair for treatment of primary inguinal hernia

[Tamer Youssef](#), [Khaled El-Alfy](#), [Mohamed Farid](#)

Mansoura Faculty of Medicine, Mansoura University, Mansoura, Egypt

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Highlights

- Desarda repair, although introduced since 2001, is still not popular worldwide and is unknown in Egypt.
- This randomized clinical trial compared outcomes of Desarda versus the standard Lichtenstein repair for treatment of primary inguinal hernia.
- During 2-year follow up, one recurrence was detected in each group ($P = 0.99$).
- Chronic groin pain was experienced by 5.6% and 4.2% of patients from Desarda and Lichtenstein groups respectively ($P = 0.68$).
- This study is very important, especially in developing countries, as no mesh is needed where cost is an important issue.

Abstract

Background

The ideal operation to treat inguinal hernia is still far to define. We analyzed the outcomes of the Desarda tissue-based repair in comparison with the standard Lichtenstein procedure in treatment of primary inguinal hernia.

Methods

A total of 168 patients were randomly allocated into two groups to undergo one of two repairs: Desarda (group I) or Lichtenstein (group II) (85 vs. 83, respectively). The primary outcome measures were recurrence of inguinal hernia and chronic groin pain. Secondary outcome measures included operating time, postoperative pain scores, time to return to normal gait and to work, foreign body sensation in the groin, and postoperative complications.

Results

During 2-year follow up, one recurrence was detected in each group ($P = 0.99$). Chronic groin pain was experienced by 5.6% and 4.2% of patients from Desarda and Lichtenstein groups respectively ($P = 0.68$). There was no significant statistical difference in mean postoperative VAS scores for pain at the five time points between the two study groups. There was significantly shorter operating time and earlier return to normal gait in favor of Desarda repair. Foreign body sensation was not different between the two groups.

Conclusion

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Successful inguinal hernia treatment without mesh implantation can be achieved using Desarda repair, as it is effective as the standard Lichtenstein procedure. Shorter operating time, early return to normal gait and lower cost (no mesh) are potential benefits of Desarda repair. The suitability of Desarda repair for patients found to have thin, weak or divided external oblique aponeurosis intraoperatively needs further evaluation.

Keywords:

[Inguinal hernia](#), [Desarda repair](#), [Tissue-based repair](#), [Lichtenstein procedure](#), [Mesh repair](#)

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