



International Journal of Surgery

Volume 50, February 2018, Pages 22-27

Desarda versus Lichtenstein technique for the treatment of primary inguinal hernia: A systematic review

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Highlights

- The present study found no difference between Desarda and Lichtenstein repair in operating time, return to normal gait, pain score, wound infection, hematoma, foreignbody sensation, and seroma.
- Desarda technique did not lead to significant differences in aspects of early recurrence (≤ 1 year).
- Current evidence suggests that there is no difference between Desarda and Lichtenstein technique in short-term effectiveness.

Abstract

Background

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Methods

An electronic search for articles about Desarda and Lichtenstein technique published between 2001 and July 2017 was conducted in PubMed, Cochrane Library, Web of Science and EMBASE database. Meta-analysis was performed on [surgical time](#), [postoperative recovery](#), complications and [recurrence rate](#).

Results

Eight primary studies identified a total of 1014 patients, of whom 500 and 514 underwent Desarda [herniorrhaphy](#) and Lichtenstein herniorrhaphy, respectively. There was no significant difference in terms of operating time, return to normal gait, pain score, [wound infection](#), [hematoma](#), foreign body sensation, [seroma](#) and recurrence rate.

Conclusions

Current evidence suggests that there is no difference between Desarda and Lichtenstein technique in short-term effectiveness. Further high-quality, long follow-up randomized controlled trials are needed to provide more reliable evidence.

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Keywords

Inguinal hernia; Open inguinal hernia repair; Mesh; Lichtenstein repair; Desarda repair

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