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
The aim of this study was to compare the effectiveness between Desarda and Lichtenstein inguinal hernia repair. 

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, foreignbody 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.

Keywords

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