

RECURRENT INGUINAL LYMPHOCELE – A THERAPEUTIC CHALLENGE

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Recurrent lymphocele after repair of crural hernia without resolution after several aspirations and injections of sclerosing agents. Reintervention with lymphatic marking (injection of patent blue dye at the interdigital level,

Figure 1), followed by en bloc removal of the ganglia of the saphenofemoral junction and the lymphocele capsule (Figure 2). No evidence of recurrence at 24 months of follow-up.

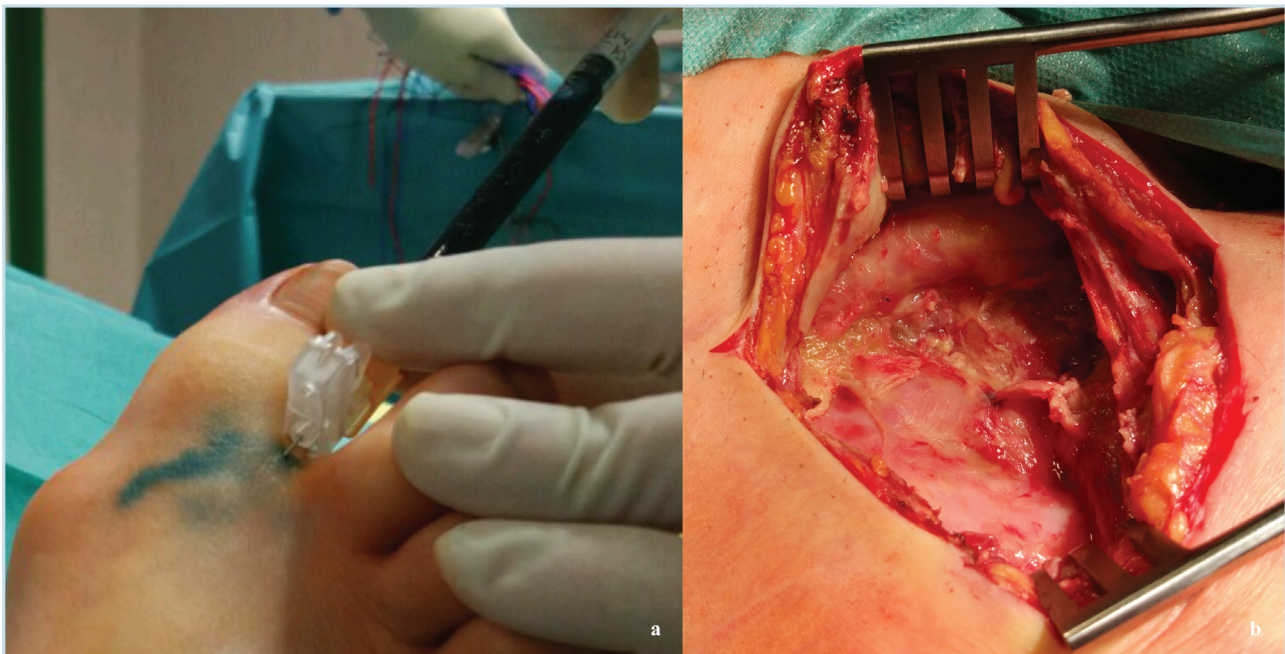


Figure 1

a) Lymphatic marking through injection of patent blue dye at the interdigital level. b) Surgical approach of the inguinal region.



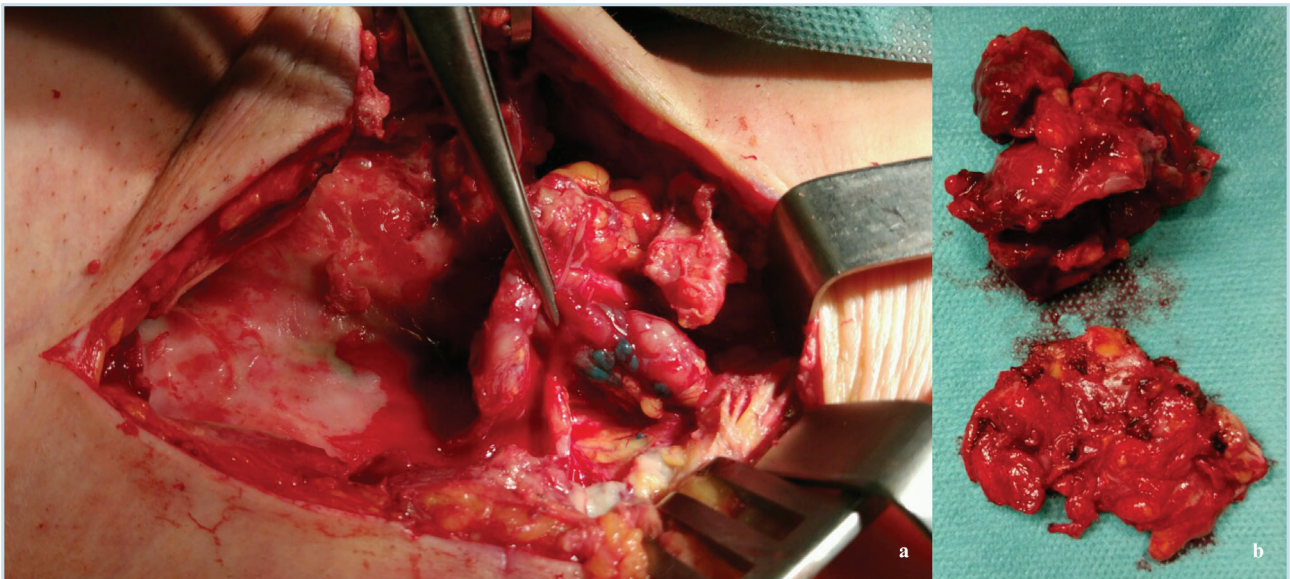


Figure 1

*a) Block dissection of the ganglion structures of the saphenofemoral junction and the lymphocele capsule;
b) Surgical specimen.*