



## Letter to editor: A new treatment of an intravesical eroded mesh after TVM: 3 mm trocar-assisted cystoscopic approach

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To the editor,

We read with interest the recent article “A new treatment of an intravesical eroded mesh after TVM: 3 mm trocar-assisted cystoscopic approach” by Shen-Tao Lu and co-authors [1]. In this article, a 3-mm trocar was inserted in the distended bladder for assisting transurethral scissors cutting of the eroded intravesical mesh. Synthetic mesh has been widely used in pelvic organ prolapse (POP) and urinary incontinence surgery for decades. Typically, the eroded mesh migrates into the lumen of the vagina. Intravesical erosion is uncommon, and case reports have demonstrated different methods for resolution.

We previously reported a similar case [2] of symptomatic intravesical mesh extrusion noted a year after transvaginal surgery. We performed transurethral resection with an electrode loop connected to a multifunctional electrosurgical unit. It was cut as deep as the detrusor muscle revealed. The patient's symptoms resolved and she remained free from POP. The bladder mucosa was intact 2 months later by follow-up cystoscopic exam.

The procedure was performed via a single natural orifice, the urethra, without creating an additional wound, which may increase the risk of morbidity and complications. The electrode loop enables the residual mesh to be removed more completely with a smoother edge beneath the bladder mucosa compared with scissors. This may result in less potential for future re-exposure secondary to wound irritation. The electrode loop is commonly used in cystoscopic surgery for its benefits including less bleeding, adjustable

energy in electrocauterization, and limited affected area. Well-healed and intact bladder mucosa was found in our patient in the follow-up exam.

Transvaginal mesh (TVM) is prohibited in some areas [3]. However, the new generation of mesh and slings with lower risk of erosion are still used for their high effectiveness and benefit. Though complications are not common, it is still important to deal with them with the least invasive intervention and risk, since the complication has already occurred.

### Declarations

**Conflict of interest** The authors declared that they have no conflict of interest.

### References

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2. Long CY, et al. Transurethral resection of intravesical synthetic mesh extrusion with an electrode loop following anterior vaginal mesh surgery: a case report. *Eur J Obstet Gynecol Reprod Biol.* 2016;198:159–60.
3. US Food and Drug Administration. FDA takes action to protect women's health, orders manufacturers of surgical mesh intended for transvaginal repair of pelvic organ prolapse to stop selling all devices. 2019. Available from: <https://www.fda.gov/news-events/press-announcements/fda-takes-action-protect-womens-health-orders-manufacturers-surgical-mesh-intended-transvaginal>. Accessed 20 Oct 2022.

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