Letters and comments

Contributors to this section are asked to make their comments brief and to the point. Letters should comply with the instructions to authors at <http://www.rcseng.ac.uk/publications/annals/authorinstructions.html>. Tables and figures should only be included if absolutely essential and no more than five references should be given. The editor reserves the right to shorten letters and subedit contributions to ensure clarity.

COMMENT ON

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NS Awsare, JAI Krishnan, GB Boustead, DC Hanbury, TA McNicholas.
Complications of vasectomy. *Ann R Coll Surg Engl* 2005; **87**: 406–10

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Perineural fibrosis of the paravasal nerves: a possible cause of orchalgia

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Due to the use of prosthetic material in inguinal hernia repair, the recurrence rate has been markedly reduced, and postherniorrhaphy chronic groin pain (inguinodynia) is now the focus of herniologists world-wide. Occasionally, chronic orchalgia occurs in association with groin pain after hernia repair, and it indicates a poor prognosis.

In early 2005, while performing a triple neurectomy (*i.e.* resection of the ilioinguinal nerve, the iliohypogastric nerve, and the inguinal segment of the genital branch of the genitofemoral nerve)¹ on a patient with chronic inguinodynia associated with orchalgia and MRI evidence of vas entrapment by a meshoma,² the patient's vas deferens was found to be completely encircled by the mesh from a previous hernia repair (Fig. 1). Because the patient had undergone a

Figure 1 (Top) MRI image of a meshoma entrapping the vas. (Bottom) Intra-operative photograph of vas entrapped in a meshoma.

vasectomy, the affected segment of the vas deferens was resected during the triple neurectomy. The patient's chronic groin pain and orchalgia disappeared postoperatively, which was contrary to our experience with other patients with the same symptoms. Histological analysis of the resected vas deferens showed extensive fibrosis and foreign body reaction around the paravasal nerves within the lamina propria (Fig. 2).

In five more patients with chronic inguinodynia associated with orchalgia, I resected the lamina propria and the paravasal nerves at the involved segment of the vas deferens during triple neurectomy. In all cases, the orchalgia disappeared

Figure 2 Foreign body reaction of lamina propria around the vas and paravasal nerves.

postoperatively. The number of patients is too small and follow-up is too short to draw a solid conclusion; however, I wonder whether one of the causes of postvasectomy orchalgia could be perineural fibrosis of the paravasal nerves and whether resection of the lamina propria of the vas during routine vasectomies could prevent paravasal neuropathy as a possible cause of postvasectomy orchalgia.

References

1. Amid PK. Causes, prevention, and surgical treatment of postherniorrhaphy neuropathic inguinodynia: Triple neurectomy with proximal end implantation. *Hernia* 2004; **8**: 343–9.
2. Amid PK. Radiologic images of meshoma. A new phenomenon causing chronic pain after prosthetic repair of abdominal wall hernias. *Arch Surg* 2004; **139**: 1297.

AUTHORS' RESPONSE

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We read with interest the suggestion by Dr Amid of routine resection of the paravasal nerves during vasectomy as a means to prevent post-vasectomy chronic orchalgia. Certainly, reports suggest decreased incidence of chronic pain following injection of local anaesthetic into the vas at the time of vasectomy¹ which would support his suggestion.

The patients treated by Dr Amid underwent meshplasty for hernia repair, with subsequent extensive fibrosis and foreign body reaction around the vas in the inguinal region as a consequence; leading to chronic orchalgia. However, such extensive foreign-body reaction rarely occurs in the scrotum as evidenced during vasectomy reversal. In addition, the paravasal nerves are intimately related to vascular structures (as seen in Fig. 2 of Dr Amid's letter). Routine resection then would considerably increase the risk of subsequent haematoma formation. It would thus be difficult to support this routine resection of paravasal structures in order to prevent chronic pain postvasectomy.

Reference

1. Paxton LD, Huss BK, Loughlin V, Mirakur RK. Intra-vas deferens bupivacaine for prevention of acute pain and chronic discomfort after vasectomy. *Br J Anaesth* 1995; **74**: 612–3.

LETTER

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A surgeon's or an athlete's foot

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Several methods of preventing other people borrowing theatre shoes have been suggested.^{1,2} There is a potential risk of transmission of infection when sharing shoes, and writing the day of use on shoes may increase this practice as people know when they can borrow them.

Recently, a colleague told me of her novel method of preventing people from borrowing theatre shoes. She simply warns people of the hazards of sharing shoes, by writing 'N.B. Athlete's Foot' on her shoes, and finds that a sufficient deterrent. Needless to say her shoes are always exactly where she left them.

PS The owner does not have athlete's foot!

References

1. Hodges S. Theatre shoes – taking them one day at a time. *Ann R Coll Surg Engl* 2006; **88**: 90.
2. Morritt A. A simple method to prevent other people wearing your theatre shoes. *Ann R Coll Surg Engl* 2005; **87**: 66.