Aim: We present a case of recurrent gracilis abscesses occurring 5 years after TOT procedure. Aim of this case report is to report a very rare, late complication of TOT procedure and its management.

Case Report: A 46 years old, G3P3, women was admitted to the department of gynecology by vaginal discharge and pain in the right thigh. She had a history recurrent right thigh abscess in the last year. She had been treated 5 times by antibiotic medications and surgical interventions in different orthopedic clinics. She had a history of outside-in transobturator suburethral sling procedure five years ago. She was empirically administered intravenous clindamycin, gentamycin and metronidazole for two days and the pus was drained from a skin incision at the previous site of TOT-O insertion site. The patient was taken for surgical exploration under general anesthesia at the gynecology department. Vaginal mucosa was incised and the tape was removed from without tension. The fistulous tract of TOT mesh from periurethral vagina to the obturator internus was dissected and removed by sharp dissection (figure 1). The inner thigh was incised to localize abscess cavities within the gracilis and adductor magnus muscles (figure 2). Abscess lodges were drained. Infectious tissue were removed by debridement by using curette. A suction drain (HemoVac) was placed. The patient received intravenous clindamycin, gentamycin and metronidazole for 5 more days after the operation and then she was discharge. The patient was follow up for 3 months. She had no incontinence.

Conclusion: We have reported occurrence of thigh abscess after TOT, a very rare, late complication of TOT procedure occurring five years after the operation. Thigh abscesses are a new complication of TOT and the number of reports are accumulating in the literature.