Introduction
Inguinal hernia (IH) – one of the most common childhood diseases that require surgical treatment. The main indications for surgical treatment of hernia is a risk of strangulation. Among the methods of laparoscopic herniorrhaphy especially perspective is PIRS – percutaneous internal ring suturing.

Purpose – to analyze own clinical material IH surgery in children with the use of PIRS.

Materials and methods
The study included 62 children with IH aged 2 months to 10 years, which operated during the years 2012-2015 using PIRS method. Among the patients was 48 (77,4%) boys and 14 (22,6%) girls. Right-sided hernia was diagnosed in 45 (72,6%) patients, and left-side – in 10 (16,1%).

For surgical interventions used straight or 30° 5 mm laparoscope, which was placed through trocar installed in the area of the navel. In infants we usually placed trocars using "open" Hasson technique. Imposed pneumoperitoneum - 7-10 mmHg to review the internal inguinal ring canals. All patients internal inguinal ring sutured using threads Ethibond * Excel 2-0.

Results and discussion
Classical methods surgical correction of IH is perfectly processed and with years of proven operational techniques with reduced risk of complications to a minimum. The basis for the surgical treatment of hernias in children is closing the hernia sac at the inner ring of the inguinal canal. A small number of "open" surgical techniques used for inguinal hernia correction partly may be indicative of their high efficiency. While on the other hand, this does not mean that they do not have their flaws and limitations. These possible complications are closely related to access hernia gate located at the inner ring of the inguinal canal, as well as the mobilization of the hernia sac elements from cord. The development of laparoscopic techniques gave an opportunity for surgeons to implement this task without the need for disclosure of the inguinal canal, and therefore eliminate the listed complications.

In 2006 D. Patkowski suggested own method of laparoscopic inguinal hernia correction in children. Advantages of this method - is the use of only one optical port diameter of 3-5 mm and no need for laying on intracorporeal suturing, the most difficult part of minimally invasive surgery especially for beginners.

Among the advantages of laparoscopic techniques is ability to detect failure of closure of the processus vaginalis with contralateral side. Particularly, in our patients bilateral IH before surgery was diagnosed in 7 (11,3%) children. Additionally, in 6 (9.7%) patients
expansion of the inner ring of the inguinal canal on the opposite side visualized intraoperatively. Another significant advantage of laparoscopy is fully eliminate the risk of false intervention on the side which is not affected by pathological process.

None of our patients complained on postoperative discomfort in the area of post-operative node, which is located in the subcutaneous inguinal area, as opposed to individual patients whom defect correction held by 2012 thread Prolene.

The basic disadvantage of laparoscopic surgery, which accentuate its opponents, is a greater risk of recurrence of IH compared with classical methods. Considered that recurrence after the classical surgery is 1,8-3%. Instead recurrence after laparoscopic IH correction can reach according to different authors 3,8-5%. In the study IH recurrence was detected in 2 (3,2%) boys. These patients also underwent surgery again using the PIRS technique.

Conclusions

PIRS method – simple and efficient mini invasive surgical treatment of IH, which gives a good cosmetic result. The use of laparoscopic method in the treatment of hernias in children allows carefully examine the internal inguinal ring and if necessary correct, defects on both sides. The use of thread Ethibond* Excel 2-0 for mending the inner ring of the inguinal canal is effective and gives optimal functional results. The risk of recurrence after IH surgery by PIRS is a comparative risk of recurrence after classical method surgery.