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The successful use of a biologic graft for closure of anterior abdominal wall defect following excision of soft tissue tumour.

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Introduction and Aims

Primary soft tissue tumours arising from the abdominal wall are uncommon. There are many surgical techniques available for abdominal wall repair following excision of the tumour, each having its own benefits. The options range from direct closure, to the use of tissue flap reconstructions and/or prosthetic meshes. Synthetic material like polypropylene mesh is a common choice for closure of the abdominal wall defect. This report outlines two successful cases of abdominal wall repair using the Cook Medical™ Biodesign® porcine intestinal submucosa biologic prosthesis.

Methods

Two patients had excision of soft tissue tumours from the anterior abdominal wall. The soft tissue defect following the tumour excision was about 10x10 cm. The defect was primarily closed using a Biodesign® biologic graft.

Results

The first case illustrates the closure of a 10x10cm defect secondary to excision of borderline myofibroblastic tumour of the anterior abdominal wall. The second demonstrates successful utilisation of the biologic graft in a patient with a BMI>30 who had undergone a previous right sided hernia mesh repair, presenting with aggressive fibromatosis measuring 7x7cm from the right iliac fossa. Both patients had an uneventful postoperative period with good wound healing and no infection. At the time of latest clinical review there is no evidence of recurrence of the tumour, seroma or hernia.

Conclusion

Following excision of soft tissue tumours of the abdominal wall biologic reconstructions can be successfully used to bridge the defect with minimal morbidity.

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