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SP 1. EVISCERATION AFTER ABDOMINAL PERINEAL RESECTION

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Background: Reported perineal wound complications following abdominoperineal resection (APR) range from 14-80%. This wide range is not surprising considering the indications for surgery, closure technique, patient disease, and use of chemotherapy or radiation all have a significant impact on wound healing. Evisceration is a rare late sequela of APR with few reported cases in the literature. This complication can lead to devastating outcomes if not recognized and repaired promptly. The objective of this case report is to help guide clinicians performing these procedures by heightening awareness of this unusual complication and to suggest a corrective procedure as described below.

Methods: A 73-year-old female with history of a laparoscopic APR with flap closure for rectal melanoma presented to the emergency department one year later with perineal wound evisceration. Prior to her presentation she was undergoing local wound care for a small area of wound dehiscence and drainage for several months. After adjuvant treatment, she required steroid replacement for adrenal insufficiency. The wound had been evaluated by plastic surgery at an outside facility who had plans for definitive repair in the following month. When she arrived however, her bowel was comprised requiring emergent intervention.

Results: Emergent reduction of the eviscerated small bowel and omentum was done after close inspection in the operating room followed by primary closure of the perineal wound with Strattice mesh reinforcement in the subcutaneous layer. No bowel was found to be ischemic or necrosed. She did remarkably well post operatively and was discharged 3 days after her presentation. The ostomy function normalized, she was tolerating a diet and reporting excellent pain control. The wound continues to heal well and remains intact since her follow up.

Conclusion: There have been very few instances of reported perineal wound evisceration after APR and described techniques for repair of this complication are both sparse and dated. The described technique provided a good outcome, however, the best repair for this population has not been well studied along with which risk factors may lead to a higher incidence of evisceration.

