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Reconstructing abdominal wall defects by free composite tissue flap: a case report

Reconstructing abdominal wall

Jun Wang

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After the **surgical resection**, the mean **defect size** was 385 cm² (range: 190-650 cm²). **Full-thickness abdominal wall reconstruction** was performed with a combination of **LD free flaps** and meshes. The immediate and long-term outcomes were assessed regarding the complications, sustainable strength of the **abdominal wall** and cancer recurrence.

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Dec 12, 2017 · We herein report first fully described **case** of an extensive full-**thickness abdominal wall reconstruction** with linked **free ALT flaps**. 2 CASE REPORT A male patient diagnosed with Gardner type familial adenomatous polyposis, at the age of 19 years, was admitted to the emergency department for **massive abdominal distension** and generalized weakness (Figure 1).

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The **composite tissue** was used to fill in the **abdominal wall defect** (Fig. (Fig.3). 3). First, we sutured the broken peritoneum to the pleura, and then sutured the intercostal muscles to the **abdominal** muscles. Next, we closed the skin and the **abdominal wall defect**. Examinations after the surgery revealed that the right lung was not harmed.

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Author: Qiang Chen, Qi Liu, Yan Suo, Qingping Xie

Publish Year: 2018

[Reconstruction of complex thoraco-abdominal defects with ...](#)

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INTRODUCTION. The combined complex **defects** of the thoracic and **abdominal wall** are relatively rare. This is because, the **defects** involving the two regions of the trunk are usually massive and result from either severe trauma, which is more often lethal, and from tumour ablative surgery.[1–4] The options for the **reconstruction** of such massive **defects** are pedicle muscle flaps, musculocutaneous ...

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Author: Prabha S Yadav, Quazi G Ahmad, Vinay Kan...

Publish Year: 2010

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