P028 COMBINING SEVEN ITEMS OF THE TOOLBOX TO TREAT A LARGE INCISIONAL HERNIA WITH HETEROTOPIC OSSIFICATION: A CASE REPORT

Zaid Malaibari¹, Henning Niebuhr², Halil Dag³
¹University of Tabuk / Saudi Arabia, Hamburg Hernia Center, Hamburg, Germany, ²Hamburgern Hernien Zentrum, Hamburg Hernia Center, Hamburg, Germany, ³Hamburg Hernia Center

Aim: We present our approach of treating a W3 (EHS-Classification) incisional hernia with heterotopic ossification in the abdominal wall.

Material and Methods: a 62-years-old female patient presented with a hernia in her inverted-T incision (midline and transverse) after undergoing multiple laparotomies. The CT-scan showed calcified structures within the abdominal wall. We planned the extensive reconstruction after preoperative Botox injections.

Results: The 20x25 cm hernial sack contained parts of the stomach and colon. The dissection of the midline and transverse scars was challenging with the needed removal of scattered pieces of heterotopic bone tissues. After dissecting the retro-muscular space, the fascial edges were 25 cm apart. With bilateral transversus abdominis release (TAR), it was reduced to 20 cm. The posterior fascia was approximated, leaving a central 12 cm defect, and a smaller lateral defect, which we covered using open-IPOM and underlay techniques respectively. A 30x40 cm mesh in sublay position was placed and fascial traction was applied on the anterior fascia. With the resulting defect of 16 cm, a tension-free closure was still not possible, and we bridged the gap with a mesh in inlay position.

Conclusions: Despite combining pre-operative Botox injection and fascial traction with TAR, complete closure of the fascia was not possible.