P108 SARCOPENIA INCREASES THE RISK OF BURST ABDOMEN AFTER EMERGENCY MIDLINE LAPAROTOMY: A MATCHED CASE-CONTROL STUDY

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Aim: The aim of this study was to investigate the association of sarcopenia with the risk of burst abdomen after midline laparotomy.

Material and Methods: A single-center, retrospective, 1:4 matched case-control study of patients suffering from burst abdomen (cases) and controls. Sarcopenia was defined as lowest sex-dependent quartile of total cross-sectional psoas area adjusted for body surface area. Primary outcome was to evaluate the rate of sarcopenic patients among cases and controls. Secondary, risk-factors for burst abdomen and postoperative death, were evaluated by multivariate regression analysis.

Results: 67 patients suffering from burst abdomen were matched to 268 controls. Sarcopenia was associated with burst abdomen (OR 2.3, p = 0.006). Unadjusted analysis identified a higher 90-day mortality among sarcopenic patients compared to the non-sarcopenia group (32.9% vs. 21.1%, p = 0.029) but this association was not verified by the adjusted analysis.

Conclusions: Sarcopenia is an isolated risk-factor for burst abdomen after midline laparotomy.