

A CASE OF TRAUMATIC ABDOMINAL WALL HERNIA SECONDARY TO SEATBELT INJURY: MULTIDISCIPLINARY MANAGEMENT BY DELAYED SURGICAL MESH REPAIR, COMPLICATED BY INTERVENING PREGNANCY

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Background: Traumatic abdominal wall hernia (TAWH) is a rare type of hernia occurring secondary to blunt trauma, with a reported incidence of 0.2% on presentation CT scan. There is currently no consensus regarding the optimum time for repair, though conservative management with serial imaging +/- expectant elective repair has been favoured.

Methods: We present a case of a 20-year old female who was a seatbelt restrained rear-seat passenger in a road traffic collision and sustained two areas of Grade-5 TAWH along with bowel and colonic injuries. The patient was taken for an emergency laparotomy with initial conservative management of TAWH.

Results: Four years post-index admission, the patient's abdominal wall was closed using Strattice Mesh. Delay was due to the inability of the patient to reach the 100-110 kg goal operative weight and a pregnancy. During her pregnancy, the patient was managed by active surveillance involving the obstetric, plastics and trauma team.

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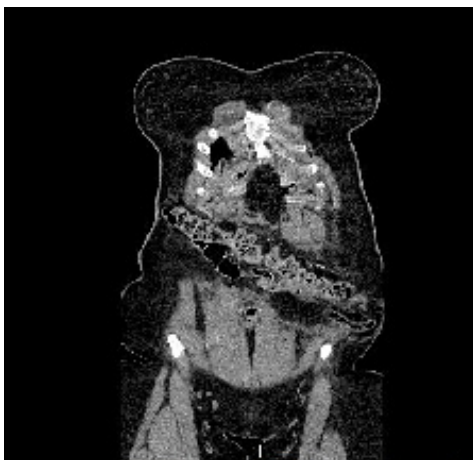


Figure 1a: Coronal CT slice demonstrating TAWH in the seatbelt distribution

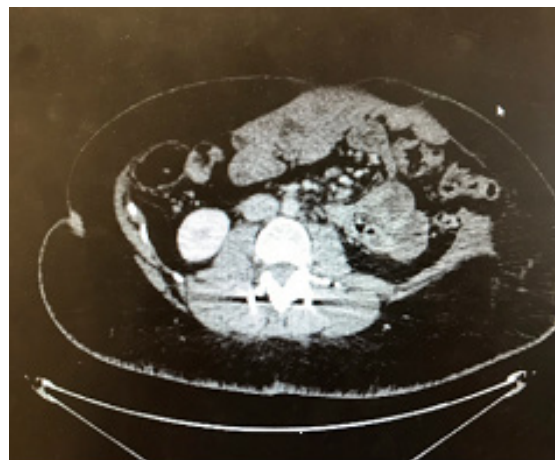


Figure 1b: Axial CT slice demonstrating a Grade 5 TAWH