

From a Primary Anterior Abdominal Wall Abscess Drainage to an Incisional Hernia: A Case Report

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INTRODUCTION

Abscesses of the anterior abdominal wall, particularly those involving the rectus abdominis muscles, are usually secondary to underlying conditions such as trauma, intra-abdominal infections or surgical site infections.

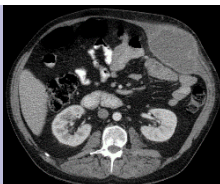
Primary abscesses are rare and typically occur in immunosuppressed patients. We report a case whose abscess treatment was complicated by the development of an abdominal wall hernia.

CLINICAL CASE

A 62-year-old male, obese and diabetic, presented with abdominal distension, pain, and fever. No history of trauma or recent wounds.

Physical examination revealed a fluctuant abdominal area with localized skin tenderness.

Computed tomography showed a 12×12×7.5cm collection within the thickness of the rectus abdominis muscle, with no communication with the abdominal cavity.



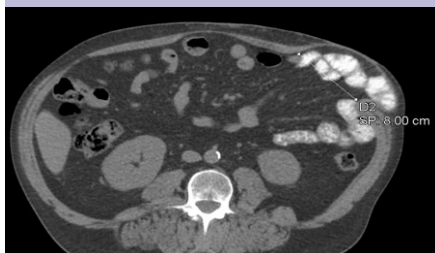
The patient underwent abscess drainage and antibiotic therapy. His condition worsened with skin necrosis, requiring surgical debridement which confirmed the absence of communication with the abdominal cavity. Vacuum-assisted wound therapy was performed until complete wound closure.



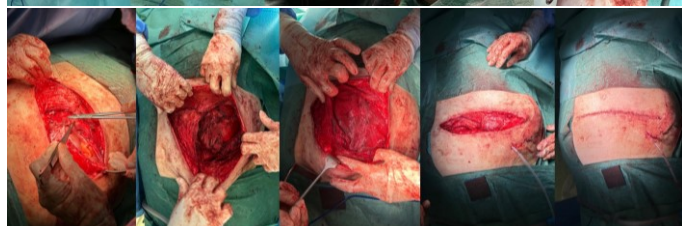
Two months later, the patient presented with a hernia at the previous surgical site.



CT revealed a left anterolateral abdominal wall herniation with a neck measuring 11×13.5cm.



The patient underwent hernia repair with a retro-rectal plane prosthesis placement and was discharged four days postoperatively. At follow-up, he remained asymptomatic with no morbidity to report.



CONCLUSION

Complications associated with this pathology may arise, including the development of abdominal hernias, even without communication with the peritoneal cavity, due to the weakening of the abdominal wall musculature following abscess resolution.