

From Abscess to Hernia:

Managing Rare Abdominal Defects with Advanced Techniques

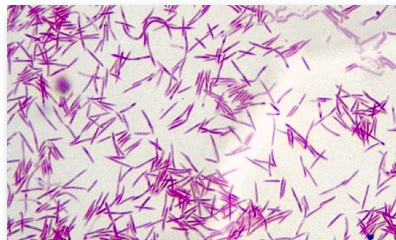
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Introduction

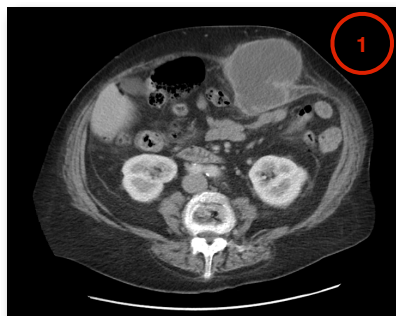
Fusobacterium nucleatum (FN)

- FN is a strict anaerobic microorganism normal in oral microbiota.
- Related with oral infections and colorectal neoplasms.
- Normally embolizes to liver & central nervous system.



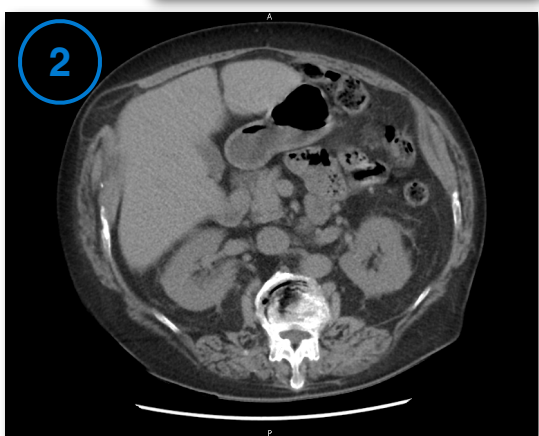
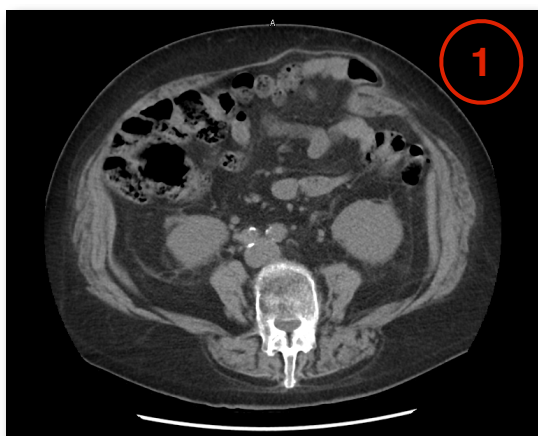
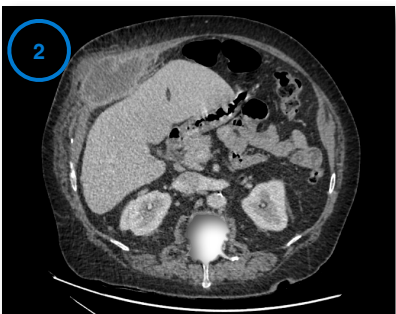
Embolic abdominal wall abscess

- Rare entity, poorly described in literature: Actinomycosis, Clostridium perfringens, Eikenella corrodens.
- No cases reported for FN.
- No cases reported for secondary hernia.



Case report

- 63 yo female: smoker & central obesity.
- Two spontaneous abscesses, five months apart, diagnosed by TC without intra-abdominal focus.
- Surgical drainage and sample culture.
- Both times FN is isolated alone.
- No embolic focus found.
- Two hernias remain as sequels of the infections
- **Surgical reparation: Transversus Abdominis Release (TAR) with 50x50cm polypropylene mesh.**



Conclusion

- Embolic abscesses, though rare, can lead to the development of abdominal wall hernias.
- Fusobacterium nucleatum, while exceptional, should be considered a potential pathogen in abdominal wall infections.
- The Transversus Abdominis Release (TAR) technique has proven effective for repairing complex hernias with multiple distant defects and significant tissue loss, yielding favorable short- and mid-term outcomes