Case	(704) Liposuction complicated with hernia perforation.
Authors	M. Ibnoulkhatib, A. Weitz Morandini, M. Hernández Guilabert, I. Hernandez Delgado, J. San Miguel Espinosa, J. Minaya Bernedo.
Centre	H.u Puerta De Hierro - Majadahonda.

CASE PRESENTATION

A 41- year-old woman is brought to our emergengy unit 3 days after undergoing abdominal liposuction, bilateral breast augmentation and rinoplasty. The patient complained about an intense abdominal pain, and abdominal distension. She presented the following symptoms: fever up to 37.8ºC, nausea without vomiting and constipation during the past 3 days. In addition she had dyspnea and pain in the right side of the chest that increases with inspiration and movement.

The patient presented a poor general state, she was concious and oriented. She experienced to the palpation a severe and diffuse abdominal pain with peritoneal irritation and defense in the inferior hemiabdomen. She also had important subcutaneous emphysema through the abdomen and diffuse abdominal haematoma.

The Abdominal CT findings were:

- Distended small bowel proximal to an infraumbilical hernation with collapsed distal small bowel loops.

- Pneumomediastinum.

- Pneumothorax.

- Pneumoperitoneum.

- Subcutaneous emphysema.

- Hydro

-aerial collections in flanks, anterior abdominal wall and left abdominal rectum.

- Abundant air content that dissects the muscular plans of the abdomen and extends to the thoracic and cervical muscles.

Due to the poor general state of the patient and CT findings an urgent laparotomy was performed.

DIAGNOSIS: This case report describes a patient whom liposuction was complicated with hernia perforation.

DISCUSSION

Abdominal liposuction is one of the most frequently performed aesthetic surgeries. It is universally considered as a safe surgical procedure with a reportedly low overall complication rate. The most frequent lethal complications associated with liposuction are

pulmonary embolism, fat embolism, sepsis, necrotizing fasciitis and perforation of abdominal organs. Grazer and Jong in a

North American survey found a fatality rate of 29,2 per 100.000 liposuction procedures. Local complications as seroma, haematoma and skin discolouration are more frequently described than systemic complications.

Bowel perforation during liposuction can be a severe and lethal complication if it is not managed urgently. It is a rare complication with only 12 cases reported in the literature.

On the other hand, abdominal wall hernias are a frequent finding and most of them are asymptomatic. To avoid this complication for the high-risk patients, a pre-operative ultrasonography or CT scan to detect the hernia may be helpful.

CONCLUSION

The complication reported here is very rare and we shoud be aware of it. In cas of suspicion during a postoperative follow up, early diagnosis can be made performing a CT scan.

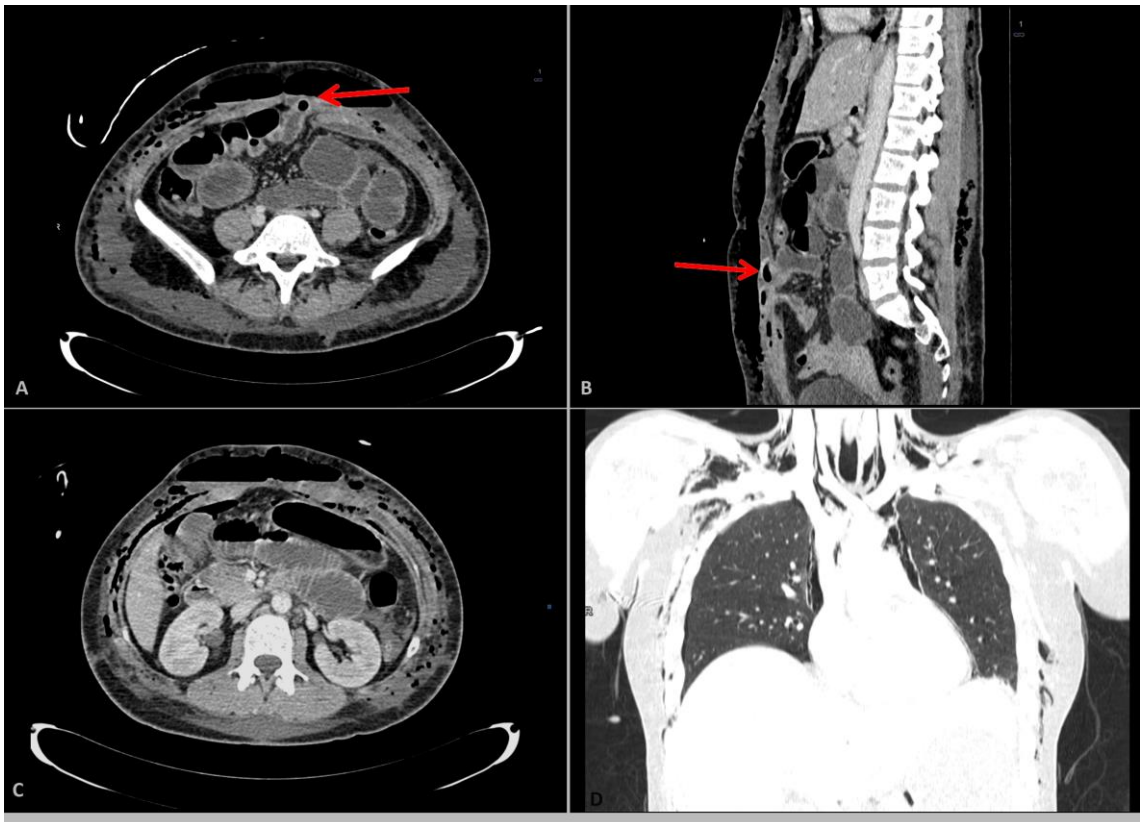

Figure A: CT scan, axial view. Red arrow: infraumbilical herniation. Hydro-aerial collections in flanks, anterior abdominal wall and left rectus abdominis muscle.

Figure B: CT scan, sagital view. Red arrow: infraumbilical herniation. Subcutaneous emphysema.

Figure C: CT scan, axial view. Distended small bowel segments, pneumoperitoneum and subcutaneous emphysema.

Figure D: CT scan, coronal view. Pneumomediastinum, pneumothorax and subcutaneous emphysema with abundant air content dissecting the muscular planes of cervival muscles.

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