

## Abdominal Eventration of an Epiploic Appendix: An Unusual Presentation

### Case report

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### Keywords

Epiploic appendix; eventration

### Clinical presentation

An 83-year-old woman, with no previous abdominal surgical history, presented to the emergency department of our hospital due to a mass of tissue that pierced the abdominal wall from the inside and protruded several centimetres outward. According to the patient, in the place of the exit of the abdominal contents, the previous days, thinning of the thickness of the skin and intestinal movements were noticed.

The patient had no abdominal pain or fever. She also had no alterations in the rhythm of intestinal transit.

On physical examination, the patient had normal vital signs. At the left margin of the hypogastrium, there was a prominent exit of abdominal contents through cutaneous dehiscence of about 3 cm in diameter (Figure 1-A).

An abdominal computed tomography showed a large abdominal eventration with the presence of colon and small intestine loops inside, as well as fat with mesenteric vascularization and a fibrous tract corresponding to the union with the wall of the transverse colon (Figure 1C & D).

In the operating room, a medial surgical approach distal to the umbilicus was performed and a skin defect was identified on an M4 W3 eventration bag, according to the Chevrel classification [1], with evisceration of

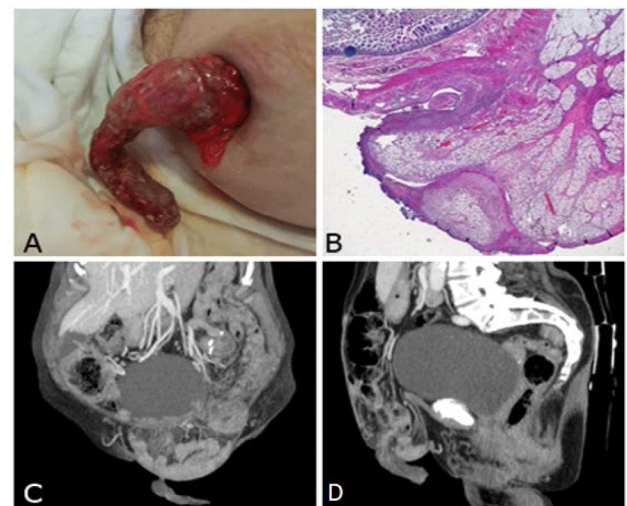


Figure 1: A: Ectoscopic aspect of the abdominal wall showing the exit of abdominal contents through cutaneous dehiscence. B: Adipose tissue from omentum with a fibro inflammatory reaction and presence of foreign body granulomatous reaction. C and D: Abdominal CT study. Sagittal and coronal reconstruction in which abdominal eventration

intraperitoneal fat including an epiploic appendix, small intestine loops, and colon. The epiploic appendix was sectioned and the stump sutured. All remaining contents were reintroduced into the abdominal cavity and closed by planes. The anatomical piece confirmed the surgical findings (Figure 1-B).

### Discussion

Abdominal eventration through a skin defect is a rare complication of umbilical hernias and is described anecdotally in the scientific literature [2,3]. Eventration

related to acquired wall defects, such as the presence of an ulcer or the existence of previous incisions have been described albeit very punctually [4,5].

The presented case also adds the presence of an epiploic appendix without acute inflammatory data included in the eviscerated content. The epiploic appendages are pediculated fatty formations attached to the outer surface of the colon and with which they share an extension of their serous layer [6,7]. Although they have no light, the epiploic appendages can twist and generate symptoms similar to classical appendicitis, also known as appendagitis. As far as we are aware, the case presented is the only one in which an abdominal eventration occurs spontaneously on a previously healthy wall and whose eviscerated content includes a documented epiploic appendix.

## References

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