

# Full Thickness Abdominal Wall Closure

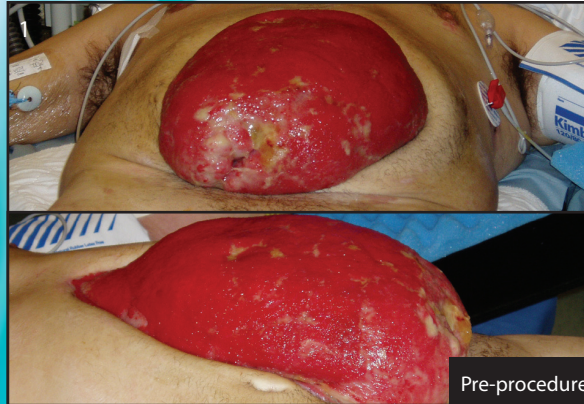
Case No. 071

## History

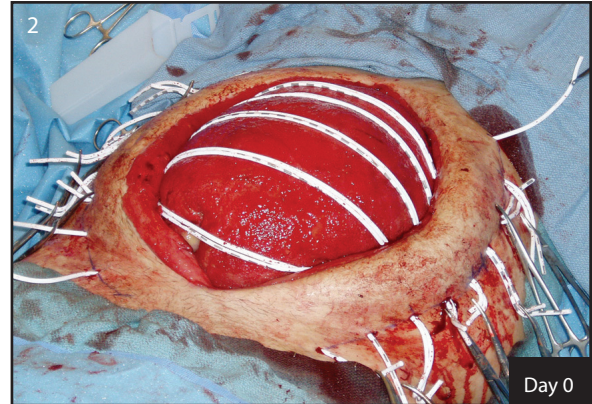
This thirty-three-year-old male civilian worker sustained head and abdominal trauma, plus fractured ribs, clavicle, and scapula from a bomb blast in Iraq. His abdomen was managed open for a month following a splenectomy, and liver and bowel resections. Negative pressure wound therapy was tried, but abandoned after 10 days without regaining domain. Abdominal wall reconstruction following dynamic reduction was elected.

For more information, see: Closure of Massive Abdominal Wall Defects - A Case Report Using the Abdominal Reapproximation Anchor (ABRA) System. Urbaniak RM, Khuthaila DK, Khaili AJ, Hammond DC. *Annals of Plastic Surgery*. 2006 Nov;57:573-577.

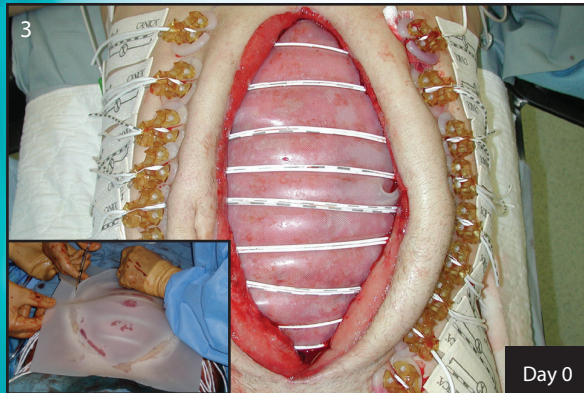
Case study courtesy of Dr. Dennis C. Hammond, Center for Breast and Body Contouring, Grand Rapids, MI, USA.



As presented for dynamic reduction procedure. Wound 25 cm wide by 35 cm long. Severe domain loss.



Wound excised to clean margins, ABRA layout at 5 cm from margin, on 5 cm centers. Surgeon elected to use double elastomer technique.



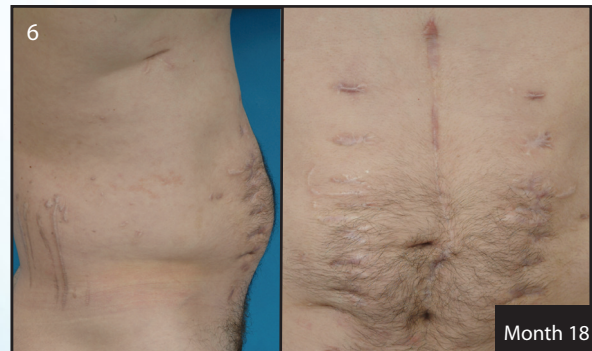
ABRA installation complete. Reinforced silicone viscera protector sheet was trimmed and placed under the elastomers.



Closure progress shown as wound size is reduced to 11 cm in width (estimated).



Wound approximation was achieved Day 17, but definitive closure was delayed due to concerns of continued fever with leukocytosis. On Day 21 all ABRA components were removed, then the fascia and skin were primarily closed under tolerable tension.



Fully recovered and squatting 300 lbs. at Month 6. Follow-up photos show cosmetic results at Month 18.