Small bowel obstruction secondary to abdominal wall abscess status post colectomy

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Introduction

Patient is a 49-year-old male who presented to the hospital for a scheduled robotic assisted right colon resection. The indication for the procedure being an endoscopically unresectable tubulovillous adenoma polyp. Postoperatively, patient was reporting flatus and bowel movements, however he remained intermittently febrile and tachycardic. Patient became distended postoperatively. CT showed evidence of small bowel obstruction with transition point distal to the site of anastomosis. Patient did become obstipated and ceased having bowel movements. Attempted trial of conservative management, with nasogastric tube placement, did not relieve patient's small bowel obstruction. Decision was made to take the patient back to the operating room for exploratory laparotomy with planned lysis of adhesions. Intraoperatively, the small bowel mesentery was found adherent to the abdominal wall at site of prior trocar placement. The incisional site was probed and found to communicate with lateral abdominal wall abscess cavity. The abscess cavity was drained and packed. Postoperatively, the patient recovered without complications and saw return of bowel function. This case is an example of a unique cause of early post operative small bowel obstruction and the need to ensure adequate hemostasis at port sites in minimally invasive procedures. In this case, the abscess was likely formed secondary to an infected hematoma.

Brief History

- 49-year-old male
- Past Medical History
  - Hypertension, Hyperlipidemia
  - Family history of gastric cancer
- Patient underwent screening colonoscopy. Patient was found to have an unresectable cecal polyp with pathology significant for tubulovillous adenoma

Imaging

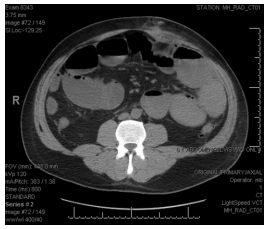

Figure 1. CT abdomen and pelvis: POD 5. Partial SBO

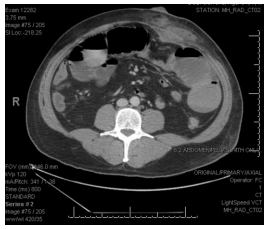

Figure 2. CT abdomen and pelvis: POD 8. Worsening partial SBO with 7.1x1.3cm abscess anterior to the left rectus muscle

Initial Operation

Patient underwent robotic right hemicolectomy. Antiperistaltic side to side anastomosis was created. The specimen was removed via Pfannenstiel incision. Port sites were closed with 4-0 vicryl and Dermabond applied. Total operative time was 5 hours 20 minutes.

Clinical Course

- POD 1: CLD. –BM/-flatus. sinus tachycardia.
- POD 2: FLD. + BM/+flatus. sinus tachycardia. Cardiology recommending metoprolol.
- POD 4: Tachycardic and Hypotensive. Resolved with IV Metoprolol. KUB demonstrated obstructive pattern. NGT placed with 3.2 L output.
- POD 5: CT abdomen and pelvis showing partial SBO. Patient made NPO. TPN initiated.

Clinical Course

- POD 8: Sinus Tachycardia. NGT output 4.2L. Patient now has leukocytosis of 17.
  - CT abdomen and pelvis demonstrated worsening partial SBO with abdominal wall abscess.
  - Purulent drainage from port site corresponding with CT findings.
  - Patient taken for interval operation on POD 8
  - IV Vanc/Zosyn initiated
- POD 9: -BM/-flatus. Less distention. Remains tachycardic.
- POD 11: +BM/+flatus. Diet advanced as tolerated.
- POD 14: Patient discharged on PO Cipro/Flagyl.
- Final path: tubular adenoma with high grade dysplasia. negative margins. negative nodes.

Interval Operation

Upper midline laparotomy was made, and dilated bowel was identified. The small bowel mesentery was found to be adherent to the abdominal wall at the site of trocar placement, which communicated with a lateral abdominal wall abscess. Small bowel adhesions were lysed, and the anastomotic site was inspected and appeared intact. Abdominal wall abscess was drained and packed.

Discussion

- SBO is known complications of 1-12% of abdominal operations[1]
- Conservative management should be trialed in most cases[2]
- Duration of procedure correlates with likelihood of SBO development[3]
- This case demonstrates the need for more thorough workup of tachycardia in post operative patients.
- It also demonstrates the need for adequate hemostasis at port sites in minimally invasive procedures.
- Consider earlier return to OR

*references available upon request