

## An Abdominal “Explosion”

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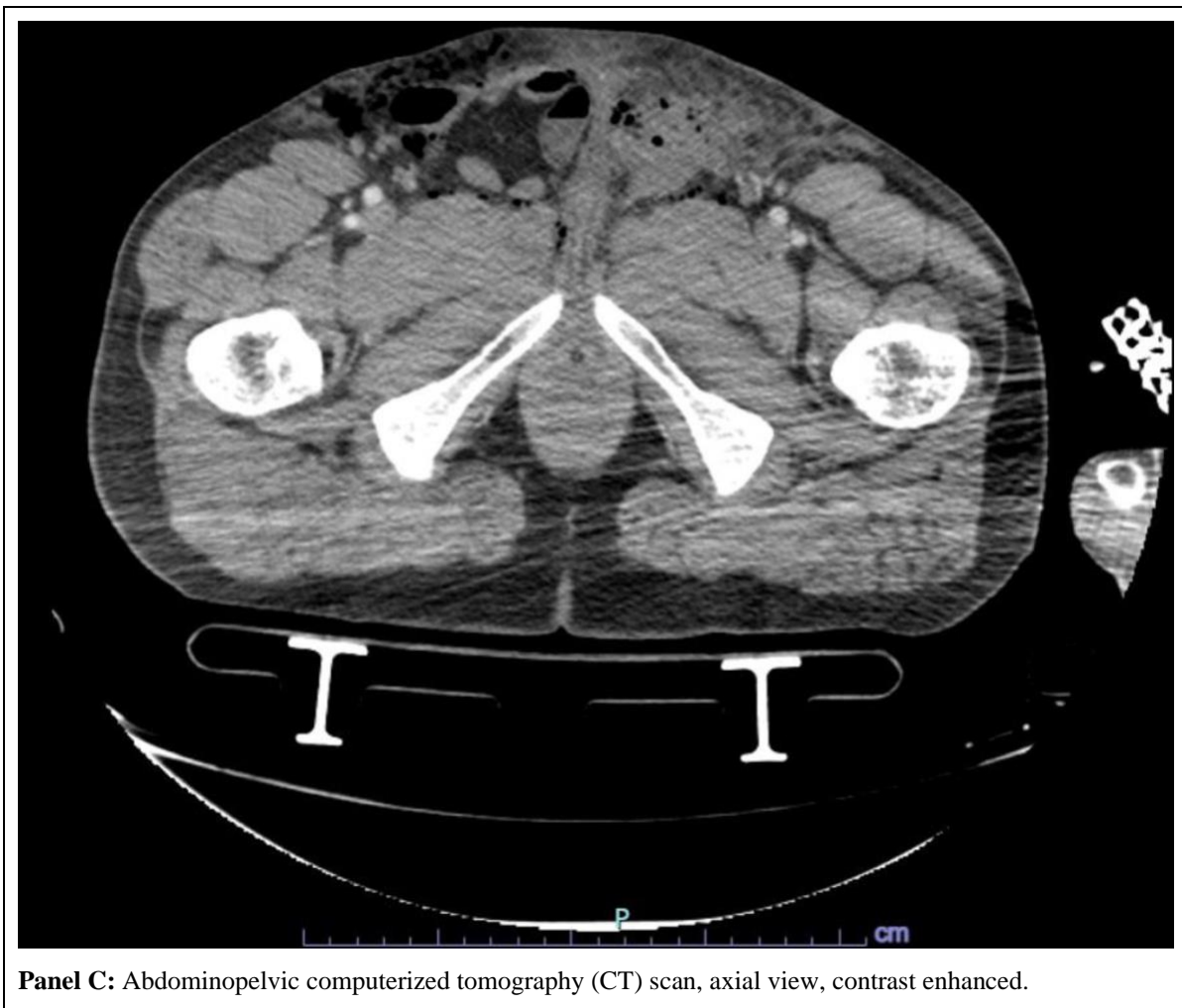
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### Clinical Image

A 50 year old male construction worker presented to the emergency room immobilized on a backboard after falling from a 6-meter high scaffold. The fall was not witnessed and the patient was found in a prone position with the abdomen on the top of a wooden beam. In the primary trauma survey, the patient was hypotensive and a pelvic deformity was identified. Emergent preoperative abdominopelvic computerized tomography (CT) scan was performed and showed bilateral inguinal herniation of fat and digestive structures (Panel A and B), extending to the perineal region and the scrotums (Panel C). Emergent laparotomy revealed extensive laceration of the mesentery and sigmoid mesocolon with avulsion and visceral tearing, fascial, peritoneal and ligament rupture of the inguinal regions. Sigmoid resection and omentoplasty of the mesentery and inguinal regions were performed. Several subsequent surgeries were required to gastrointestinal reconstruction and to restore abdominal cavity integrity. The patient was discharged home with rehabilitation therapy after 55 days of hospitalization. This case illustrates how something that appears to be a simple abdominal trauma can actually turn into a major concern and life-threatening condition.