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Focaccia-shape abdominal wall haematoma- Luca Savelli

Objectives To describe the ultrasound features of abdominal wall haematomas that can occur as complication of open abdominal gynaecological surgery.

Methods Ten consecutive women with an ultrasound diagnosis of abdominal wall haematoma were included in the study. All the patients underwent open gynaecological surgery for different indications between January 2024 and December 2024 and were evaluated after abdominal pain or swelling was reported.

Position, size, echotexture of the hematoma were measured and described.

Results All women (mean age 47.8 yrs, range 61-26) presented with abdominal pain and a palpable abdominal mass; fever was present in 4/10 cases (40%) and 9/10 (90 %) of them had a drop of hemoglobin compared to post-operative level (mean: 3.8 g/dl). . Three patients (30%) had a Kustner laparotomic incision while seven women had a Pfannestiel incision (70%). Time lapse from surgery to diagnosis was 12.5 days. The mean diameters of the hematoma were: 86 mm in longitudinal diameter, 50 mm anteroposterior diameter and 62 mm in transverse diameter (longitudinal range: 60-140 mm, anteroposterior range: 23-80 mm, transverse range: 20-100 mm). In 6 cases the hematoma was located above the abdominal fascia and in 4 cases beneath. In all women the collection was **hypoechoic, not vascularized at power doppler**, while in 2/10 cases **hyperechoic spots** were found in the context of the mass. These ultrasound features resembled a “**focaccia-shape**” **collection**. All women underwent drainage of the fluid collected confirming the ultrasound diagnosis and excluding the presence of an abscess or incisional hernias or hemoperitoneum.



Conclusion

Abdominal wall hematomas show peculiar features at transabdominal ultrasound which can help in the differential diagnosis with other conditions