Sucks the Life Out of You: Rare Complication of Multiple Enterotomies and Enteroatmospheric Fistula from Abdominal Liposuction

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Background

Abdominal liposuction is a commonly performed cosmetic procedure, and although complication rates are low, 0-10%, they can be deadly. The incidence of visceral perforation is <0.1%, but when it occurs, can have detrimental effects on the patient's physical and mental health.

Here we report a case of multiple enterotomies after 360 abdominal liposuction at an outside hospital requiring multiple surgical interventions and a prolonged, complicated hospital course, including the development of multiple enteroatmospheric fistulas (EAF)

Case Presentation

History:

57F with a history of HIV presented ten days after undergoing abdominal liposuction with diffuse abdominal pain, inability to tolerate PO, nausea and vomiting. She was hemodynamically stable, with a leukocytosis of 33 and E coli bacteremia. Her abdomen was markedly distended and significantly tender

Workup:

CT scan of the abdomen and pelvis: pneumoperitoneum and extensive complex ascites compatible with bowel perforation near the midline where free air was contiguous with subcutaneous gas in the anterior abdominal wall

Initial Intraoperative Management

- Emergent exploratory laparotomy, 1500mL succus drained, Small bowel resection (SBR), left in discontinuity, Abthera placement
- ROTR POD2 -> SBR
- RTOR POD5 -> small bowel side-to-side anastomosis, component separation with Strattice graft, and drain placement

References:
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2. Talmor, Mia MD*; Hoffman, Lloyd A MD†; Lieberman, Michael MD*. Intestinal Perforation After Suction Lipoplasty: A Case Report and Review of the Literature. Annals of Plastic Surgery 38(2):p 169-172, February 1997
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Figures



Figure 1: CT on Admission

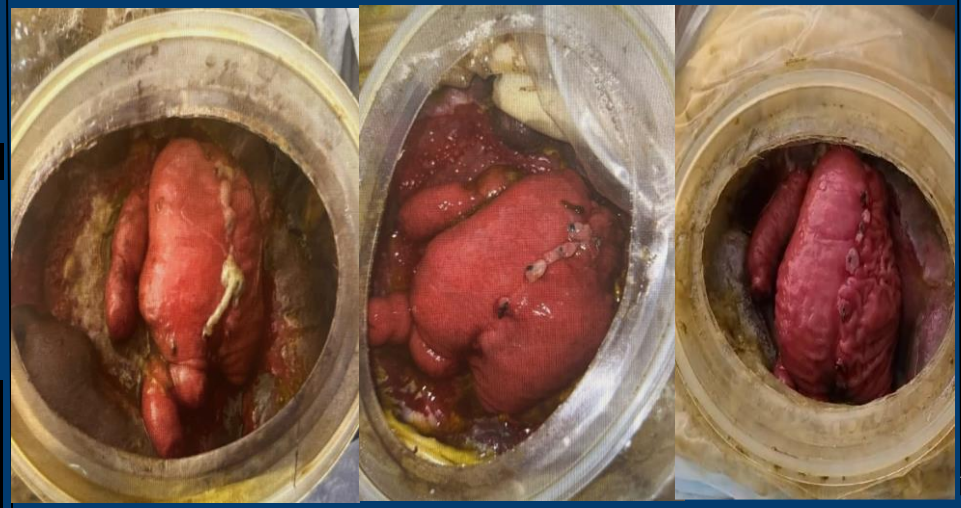


Figure 2: EAF Progression

Hospital Course

POD11/9/6: Feculent output from inferior portion of incision
- Non-operative management attempted due to cocoon abdomen (NPO, NGT, TPN, Octreotide, Loperamide, codeine)

POD32/30/27: RTOR abdominal wound washout and closure

Additional Complications:
- UTI, +Stenotrophomonas respiratory cultures, Bacteremia + Fungemia - multiple PICC lines removed and replaced, Multiloculated intraabdominal abscesses, Abdominal wall hernias, Superficial vein thrombosis

POD60/58/55: EAF diagnosed with bowel adherent to granulating abdominal wall wound base -> Multiple take-backs to operating room

Treatment

Considerations:
- Maturation of EAF
- Surrounding tissue pliability
- Safe mobilization of small bowel

Intraoperative Management:
- Midline incision above the EAF
- Circumferential dissection of EAF with multiple loops of small bowel involvement
- SBR with end-to-end anastomosis
- Fascia Closure: interrupted figure of eights #1 PDS, Skin left open, daily wound care

Outcome

Patient recovered well. Small midline dehiscence managed with wound care. Diet was slowly advanced. She was discharged home 3 weeks postoperatively, tolerating a regular diet after a 235-day hospital stay. Seen in clinic twice, doing well, without hernias.

Conclusion

Awareness of these rare and morbid complications from liposuction, in addition to a multidisciplinary approach, is imperative to implement appropriate intervention promptly and provide life-saving measures.