



Image of the month

Reconstruction of the abdominal wall after radical resection of pelvic osteochondroma[☆]

Reconstrucción de pared abdominal tras resección radical de osteocondroma pélvico

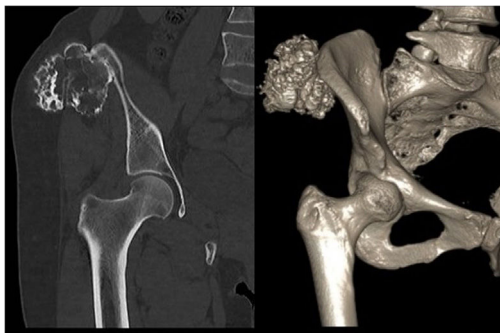
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Fig. 1 – Reconstrucción 3D tomography.

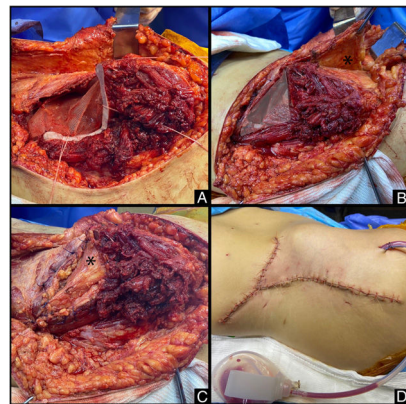


Fig. 2 – (A) Resection is observed in the iliac wing wedge right (highlighted in white) and mesh anchored with harpoons. (B) Descent of broad muscles to the iliac crest and Preparation of a fascia graft of the tensor muscle fascia lata (asterisk). (C) Coverage of the remaining defect with graft to avoid exposure of the mesh. (D) Closing of skin without tension.

A 47-year-old female patient presented with a mass in the right hip. A CT scan showed an exophytic tumor with polylobulated edges measuring 68 × 65 × 70 mm on the external side of the right iliac wing (Fig. 1). The pathology report of the biopsy indicated differentiated cartilage proliferation suggestive of osteochondroma. Radical en bloc resection of the tumor including abdominal wall was performed, as well as reconstruction with titanized mesh with bone anchorage (titanium harpoons) and coverage with a fascia graft of the tensor fascia lata muscle (Fig. 2). The patient recovered well and was discharged on the fourth postoperative day without complications.

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