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Rectus abdominis muscle resection for abdominal wall recurrence of mucinous adenocarcinoma or peritoneal mesothelioma

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ABSTRACT

Aims and background. Diagnostic technologies which penetrate the abdominal wall in an attempt to definitively diagnose an intraabdominal malignancy by biopsy can contaminate the abdominal wall by cancerous cells. With follow-up these entrapped cancer cells may progress as an abdominal wall recurrence of the disease process. Frequently, laparoscopy is the definitive diagnostic study which results in the abdominal wall cancer progression.

Methods. We examined recurrences within the abdominal wall and attempted to establish a surgical approach to this problem which would maximize a functional result and minimize the incidence of disease persistence within the abdominal wall.

Results. Eighteen patients with abdominal wall recurrence were studied. Laparoscopy port sites resulted in the abdominal wall disease in eight patients, in four the recurrence was at a previous ostomy site, in three it was in a Pfannenstiel incision and in three it was in a McBurney incision site. All of these patients were treated by total resection of the rectus abdominis muscle. This resulted in a complete removal of visible disease that was dissecting along the fibers of the rectus abdominis muscle.

Conclusions. No patients required reoperation for abdominal wall hernia and mesh repair was not used in any of these patients. Disease control within the abdominal wall has been excellent.

Key words: *port site recurrence, laparoscopy, rectus abdominis muscle, mucinous adenocarcinoma, appendix mucinous neoplasms, peritoneal mesothelioma.*

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