Multivisceral and Abdominal Wall Transplantation after Gastrointestinal Perforation in Juvenile Dermatomyositis: a Case Report

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BACKGROUND

Gastrointestinal perforation, secondary to severe vasculitis, has been described as a possible complication of juvenile dermatomyositis. We report one case of a 17 year-old female with juvenile dermatomyositis who underwent successful multivisceral transplant and subsequent abdominal wall transplantation for gastrointestinal perforation.

CASE REPORT

The patient required numerous operations after initial duodenal perforation, resulting in intestinal failure, multiple enterocutaneous fistulae, and a large abdominal wall defect that prevented abdominal closure. The defect had been managed with a wound vac for greater than one year. She underwent multivisceral transplant, including the stomach, pancreas, liver, and small intestine. At the time of the initial multivisceral transplant, the patient did not have adequate fascia or skin to primarily close the incision; thus, the abdominal cavity was closed with Silastic mesh. On post-operative day one, the patient had been weaned off vasopressors and was brought back to the operating room for closure via an abdominal wall transplant. The graft for transplant was from a cadaveric donor and included the rectus muscle and fascia, as well as bilateral epigastric and iliac vessels.

REFERENCES


CONCLUSIONS

Inability to primarily close the abdominal wall after intestinal transplant in pediatrics has been documented. This may be due to lack of surface area or concern for abdominal compartment syndrome. Abdominal wall transplantation, although rare, may offer a possible solution to this dilemma in the pediatric population.