

**Image of the month****Traumatic evisceration secondary to a stone as a projectile<sup>☆</sup>****Evisceración traumática secundaria a una piedra como proyectil**

Alberto García Reyes,<sup>a,\*</sup> Óscar Alpizar Rivas,<sup>a</sup> María Sánchez Ramírez,<sup>b</sup>  
Fernando Oliva Mompean<sup>c</sup>

<sup>a</sup> Residente de Cirugía General, Hospital Universitario Virgen Macarena, Sevilla, Spain

<sup>b</sup> FEA Unidad de Pared Abdominal, Hospital Universitario Virgen Macarena, Sevilla, Spain

<sup>c</sup> Jefe de Servicio de Cirugía General y del Aparato digestivo, Hospital Universitario Virgen Macarena, Sevilla, Spain



**Figure 1**



**Figure 2**

A 59-year-old male came to the emergency room for traumatic evisceration secondary to the explosion of a modified blender attached to a knife-sharpening stone (Fig. 1).

During urgent surgery, two stone fragments were removed from the abdominal cavity, requiring the resection of a 90-cm segment of the small intestine (Fig. 2), side-to-side anastomosis, and a colostomy due to laceration of the sigmoid mesocolon that caused ischemia. Last of all, the abdominal wall was closed using an onlay polypropylene mesh.

Traumatic abdominal evisceration is a very rare injury in polytrauma patients. High-energy trauma is considered the main mechanism of injury, causing an interruption in the abdominal wall and evisceration of the abdominal content. Thus, it is usually accompanied by a significant abdominal wall defect that makes the reconstructive process difficult and requires a multidisciplinary approach for its treatment.

**Diagnosis**

Traumatic evisceration.

<sup>☆</sup> Please cite this article as: García Reyes A, Alpizar Rivas Ó, Sánchez Ramírez M, Oliva Mompean F. Evisceración traumática secundaria a una piedra como proyectil. Cir Esp. 2020. <https://doi.org/10.1016/j.ciresp.2020.08.004>

\* Corresponding author.

Correo electrónico: [agareyes3@hotmail.com](mailto:agareyes3@hotmail.com) (A. García Reyes).