Case Report



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Acute Bilateral Complete Tear of Rectus Abdominis

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Acute bilateral complete tear of Rectus abdominis is rare and it mimic acute abdomen. due to pain in the right lower quadrant (1,2). In this study, we demonstrated that acute bilateral complete tear of the Rectus abdominis muscle caused by over-stretched at the beginning of pullup activity in young male.

A 24-year-old athletic male patient with no prior history of a disease applied to the emergency service with complaints of feeling strong tearing sound a accompanying the flexion movement during the warm-up phase of pull-up activity, which he had just started, and severe lower abdominal pain which occurred afterwards. The most remarkable finding of the physical examination was very painful and rigid subcutaneous muscle folds extending to the Symphysis pubis from the subumbilicus and taking place on both sides of the midline. The physical examination findings the of upper abdominal region was normal. It was striking that the patient could not apply

micturition when he wanted to urinate during the follow-up at the emergency service. Creatine kinase level was 1718 unit per liter (reference range, 30 to 200 unit per liter), white blood cell level was 12.270 per microliter (reference range, 4 to 10 per microliter), haemoglobin level was 16.2 g per deciliter (reference range, 12 to 16 gr per deciliter). aspartate aminotransferase level was 53 unit per liter (reference range, 5 to 34 unit per liter), alanine aminotransferase level was 60 unit per liter (reference range, 5 to 34 unit per liter), urea level was 50 mg per decilitre (reference range, 19.05 to 44.08 mg per deciliter), and calcium level was 10.6 mg per deciliter (reference range, 8.4 10.2 mg per deciliter).Magnetic to Resonance Imaging findings of the rectus abdominis muscles revealed a complete tear of the right and left Rectus Abdominis at the levels of intersectiones tendineae in the 6 cm inferior segment of umbilicus, hematomas and loss of muscle continuity of about 6 cm in length (Fig. 1, Panel A,B arrows).

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Figures 1 (Panel A). Magnetic Resonance Imaging findings (sagittal sequence) of complet bilateral Rectus Abdominis Tear at the levels of intersectiones tendineae in the 6 cm inferior segment of umbilicus.



Figure 1 (Panel B). Magnetic Resonance Imaging findings (coronal sequence) of complet bilateral Rectus Abdominis Tear; hematomas and loss of muscle continuity of about 6 cm in length.





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No significant radiological pathology of the bowel loop was detected in the imaging field. In B-Mode abdominal

ultrasonography, bilateral complete loss of continuity of the Rectus abdominis muscles was observed (Fig. 2, arrows) as well.



Figure 2. In B-Mode abdominal ultrasonography, bilateral complete loss of continuity of the Rectus Abdominis muscles.

This patient was referred to the general surgery department of the hospital to ensure the anatomical continuity of Rectus Abdominis.

Ultrasonography may be assist in diagnosis of Rectus Abdominis Tear. MRI may be useful and it has been suggested in cases with other muscle injuries that need further evaluation with in chronic injuries and also in documenting the healing process or at institutions where ultrasonographic expertise is not available (3).

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