Perineal hernia after infralevator posterior pelvic exenteration due to adenocarcinoma of the lower rectum with genital invasion: a rectus abdominis myocutaneous flap was used to repair the defect and reconstruct the vagina. The donor abdominal fascia area was reinforced with bio-absorbable mesh (BioA\textsuperscript{®}-Gore).

On CT, ileal loops were observed with elongated mesentery in the pelvis and perineum, and “donor” parietal weakness (without sac) (Fig. 1).

The myocutaneous flap itself was not able to prevent the development of a perineal hernia after abdominal-perineal resection, nor did absorbable mesh avoid the parietal defect created by removing the anterior fascia of the rectal muscle.

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