FOETAL ABNORMALITY : RUPTURED EXOMPHALOS

A SHORT CASE

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INTRODUCTION:

Developmental abnormalities of the umbilicus are not uncommon. The most serious is that in which the normal return of the midgut within the abdomen does not take place and the abdominal wall does not properly close. This cond ition is called exomphalos. At birth the umbilicus is replaced by a large tumour which contains intestine, liver or both and which can be seen through the peri- toneal cavity. A congenital umbilical hernia is a lesser degree of the same de formity in which case there is a risk of including gut in the cord ligature.

During my career in practicing obstetrics I have encountered two such inter- esting cases.

CASE I.

This was in 1966 when I was registrar in Omdurman Maternity Hospital. I was called at midnight by the house officer on duty for an emergency admis- sion of a prolapsed cord.

On examination the presentation was breech and the foetal heart was heard and regular, but pelvic examination showed a protruding non-pulsating mass simulating the cord but without its texture. I thought of calling the consultant on duty to solve the riddle but the relatives of the patient who turned to be of a distinguished family spared me the trouble and called him directly. As the cervix was half dilated a L.S.C.S. was immediately performed. To our great astonishment and disappointment a markedly deformed live female foetus was delivered with an absent anterior abdominal wall and all the viscera were protru ding including the liver and gut. Associated with this congenital abnormality the foetus had a hare lip with cleft palate and an ectopia vesica. The foetus died one hour later.

CASE II:

A primigravida was brought to Ed Dueim Hospital by the district midwife as a case of cord prolapse. This was confirmed by the staff midwife and the ward doctor who called me to see the case and all were astonished as the foetal heart was heard and the cord was not pulsating. Keeping in mind my previous

experience I diagnosed the case as a ruptured exomphalos with the gut and the liver protruding through the vagina. Vaginal delivery was allowed and the foetus was a male still-birth delivered as breech with no other abnormalities and weighing Lb. 6.

Fig. 1. The foetus with the liver and intestine protruding outside the trunk which is very short compared to the chest. The placenta is seen attached through the cord to the ruptured exomphalos.

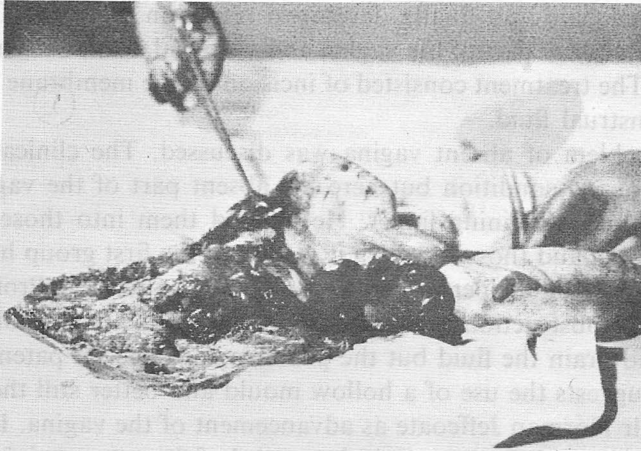

Fig. 2: The liver being lifted up by the holding forceps and the gall bladder being marked by the other forceps.