GASTROSCHISIS

(A Case Report)

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SUMMARY

A case of gastroschisis, which is a very rare congenital condition due to failure of development of a part of lateral embryonic fold is presented with short discussion.

Introduction

Gastroschisis is distinguished from the ruptured sac of exomphalos (either in utero, during labour or after birth) in which the abdominal defect is centered at the umbilicus and in addition remnant of the sac is always traced. Exomphalos is a rare condition but gastroschisis is still rarer. The reported incidence of the latter is 1 per 30,000 live births.

Case Report

A male child weighing 1.6 kg was born at 35 weeks of gestation. The mother, Asha Devi 22 years, was a primi having normal health and nutrition. She had vaginal bleeding in April 1985 (at 30 weeks of gestation). On advise of her previous Obstetrician and often on her own, she had been taking Ampicillin, Flagyl, Katrim DS, Avafortan and Styptovit rather frequently but there was no history of any irradiation. Congenital defect in the family—on maternal as well as husband's side could not be traced.

During labour the mother had felt foetal movements till one hour before delivery.

The foetus was 14″ long and weighed 1.6 kg. There was normal development of the head and the face. The left hand had 4 fingers but the right hand was normal. The chest cage was normal. There was a big opening in the para-umbilical region on the left side from which liver, intestine, spleen, kidney and suprarenal were protruding outside. The coils of intestines were adherent to each other and surrounded by oedematous gelatinous material. Both the legs were normal. The placenta was battledore type, 7″ in diameter. The cord was rather small only 4″ in length and inserted normally (Fig. 1 & 2).

Gastroschisis and exomphalos are often associated with prematurity. In most of the reported series about one-third of the cases were premature.

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See Figs. on Art Paper III