

An Unusual Case Report of Multiple Congenital Malformations

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Mrs. XY, 22 years old was admitted to ANC Ward on 30.1.99 at 22.10 hours as an unbooked primigravidae with the complaint of watery discharge from the vagina along with pain from loin to groin for 4 to 6 hours and 9 months of amenorrhoea. Her L.M.P. was on 16.5.98 and F.D.D. was on 23.2.99.



Fig 1. Baby had the following congenital malformations: Omphalocele, gastroschisis, presence of liver & intestine inside the exposed peritoneal sac, mild kyphosis, no external urogenital organs, imperforated anus & extremely short umbilical cord. Placenta was inseparable from omphalocele & peritoneal sac

On examination she was mildly anaemic and her B.P. was 96/70 mm. of Hg. Per abdominal findings showed a uterus of 32 wks. gestation with cephalic presentation. Uterus was contracted. Liquor was decreased. FHS were 126/minute and regular. Per vaginal examination showed cervical dilatation was 5 cm, effacement 90%, station '0'. Membranes had ruptured. Pelvis seemed to be adequate. She was prepared for delivery. At about 1.05 hrs. on 31.1.99 live but grossly asphyxiated baby delivered normally vaginally and died after one hour of delivery. (Photo) Baby had the following congenital malformations : Omphalocele, gastroschisis, presence of liver & intestine inside the exposed peritoneal sac, mild kyphosis, no external urogenital organs, imperforate anus and an extremely short umbilical cord. The placenta was inseparable from the omphalocele and peritoneal sac. Birth weight of the baby was 1.550 kg including placenta and its membranes.

Post delivery investigations showed a Hb. of 8.2 gm.%, other investigations were within normal limits

Postpartum period was uneventful and patient needed one ampoule of Inj. Mixogen for suppression of lactation and prevention of breast engorgement.

Patient was discharged from the hospital on 03.2.99 with haematinics, antibiotics and advice for karyotyping.