CASE REPORT

“Exomphalos Major” Baby In Gandaki Zonal Hospital

Dr. Rishi Kant Adhikari

Case History

Mrs Durga Devi Baniya, primacase aged about 20 yrs of Lamachour, Pokhara, belonging to low socio economic group, delivered female child having most of all her viscera out side with no abdominal wall at the early morning of 6th Magha, 2043. The child was brought at 9 A. M. in emergency ward of the hospital.

The child was a full term baby, but under weight about 1 kg. The child was crying and her 2/3rd of stomach, whole of duodenum, jejunum, ileum, cecum, ascending colon, pelvic colon were coming through the umbilical hiatus. The peritoneal covering was ruptured.

Before operation

After operation

Gandaki Zonal Hospital.

Evidence and cause of abnormality

As per literature such case is of rare occurrence about one in 6,000 (1/6000) births. No other case has been reported yet in Nepal. This is regarded to be caused due to defective development of the anterior abdominal wall and also the failure of midgut to return in coelomic cavity in the process of development of gastrointestinal tract.

Management

The prognosis of this case is not so good and management of such case in peripheral hospital of the country is also difficult. If the case is managed incision as soon as possible after of the baby, there only the child can survival.

An emergency reconstructive operation was arranged. According to advice of anaesthetist, Dr. S. M. Malla under local Xylocaine anaesthesia incision urgently was given in abdominal wall below and above the hernial orifice. Gradually the contents of guts were introduced inside, space was insufficient while introducing the gut, there was regurgitation of the contents of the gut. The baby became cyanosed too. After resuscitation (artificial resp. Ryles tube aspiration) the baby recovered, and the abdomen wall closed layer wise.

Post operative management

The baby was kept warm given parenteral antibiotic & fluids baby's condition was good, upto 7 P. M. during night visit of the ward. Later the condition became worse and baby died at 12.15 P. M. at midnight.

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