Giant Omphalocele in an Adolescent Boy

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Abstract Omphalocele is a congenital abdominal wall defect that permits herniation of abdominal viscera into the umbilical cord. We here report a case of a giant omphalocele in an adolescent boy that has not been reported at this age before.

Keywords Omphalocele · Abdominal wall defect · Herniation · Adolescent boy

Case Report

A 15-year-old boy presented to us with history of swelling over the anterior abdominal wall since birth. On examination, there is a well-epithelialized, eschar-covered omphalocele measuring 35×25 cm. In addition, there was an accessory soft tissue projection on the chest wall with laterally placed right nipple and poorly developed right pectoral muscles (Fig. 1). Contrast-enhanced CT abdomen revealed whole of liver lying outside the abdomen under the eschar. Echocardiogram done was normal. On surgical exploration, the whole of the liver was lying outside, which was globular (Fig. 2). After mobilizing both the recti muscles, anatomical repair of the abdominal wall was done without tension (Fig. 3).

Omphalocele is a congenital abdominal wall defect that permits herniation of abdominal viscera covered by a sac consisting of peritoneum, Wharton's jelly, and amnion. The usual contents are intestine, portion of the liver, and in few cases spleen and ovaries [1]. The initial treatment of a

newborn with omphalocele consists of fluid resuscitation, nasogastric decompression, avoidance of hypothermia, and local care of the exteriorized viscera. The decision to do a primary repair or to do a staged procedure can be difficult. If primary closure is done in very large omphalocele, excessive intra-abdominal pressure may result in abdominal

Fig. 1 Well-epithelialized, eschar-covered omphalocele with an accessory soft tissue projection on the chest wall with laterally placed right nipple and poorly developed right pectoral muscles

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Fig. 2 Whole of the liver was lying outside

compartment syndrome. In such cases, the sac is allowed to epithelialize. The resulting ventral hernia is repaired electively at a later date by anatomical or mesh repair [2]. This is the first case of a giant omphalocele to be reported at this age.

Fig. 3 Anatomical repair of the abdominal wall

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