

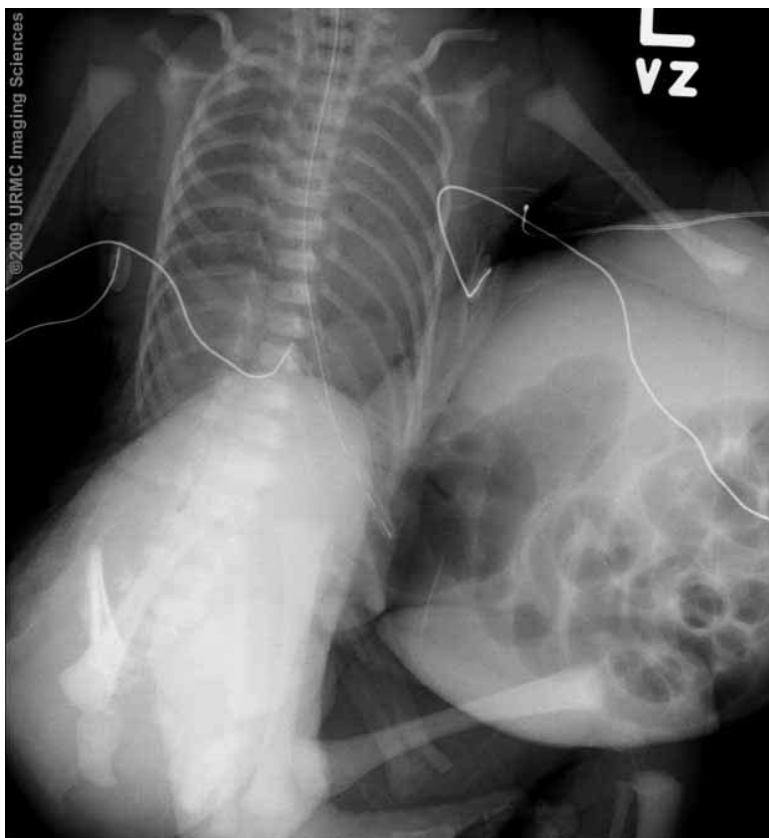
## Imaging Sciences Interesting Cases

### CASE 449

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**CLINICAL PRESENTATION:** Patient is a 3-month-old, full-term, infant with an omphalocele.

**IMAGING FINDINGS:** Enteric tube projects over the stomach which is likely within a large omphalocele. The omphalocele contains air-filled loops of bowel.



**Figure 1:** Pre-operative plain film demonstrates a large omphalocele containing air-filled loops of bowel.



**Figure 2:** Post-operative plain film demonstrates surgical repair of the omphalocele.

**DIAGNOSIS: Omphalocele**

**DISCUSSION:** An omphalocele is a birth defect in which the infant’s gastrointestinal tract or other abdominal organs protrude through a defect in the anterior abdominal wall. The herniated contents are covered only by a thin translucent sac composed of amnion, Wharton jelly, and peritoneum and can be easily seen through this layer. This is in distinction to gastroschisis, in which there is no covering over the herniated organs. Together, these conditions have an incidence of 1 in 2,000 births and are associated with increasing maternal age.

An omphalocele develops while the infant is inside the womb, and results from an abnormal closure of the umbilical ring in the abdominal wall. Omphaloceles may be detected during routine prenatal ultrasound, otherwise physical examination of the child after birth is usually sufficient for diagnosing this condition. The survival of babies with omphaloceles and gastroschisis has improved from 60% during the 1960s to over 90% currently.

The treatment of an omphalocele is surgical, in which the sac is covered with a synthetic material and over time the contents are slowly pushed back into the abdominal cavity. Once the omphalocele fits easily within the abdominal cavity, the abdominal wall can be closed. The prognosis after surgical repair is generally complete recovery. However, omphaloceles tend to be associated with other birth defects in 25-40% of patients (including cardiac defects and congenital diaphragmatic hernias) and these problems may have a greater impact on patient prognosis

**REFERENCES:**

1. Glasser JG. Omphalocele and Gastroschisis. eMedicine, Jul 22, 2009. <http://emedicine.medscape.com/article/975583-overview>
2. Omphalocele. Medline Plus Encyclopedia. <http://www.nlm.nih.gov/medlineplus/ency/article/000994.htm>