Article

PAMJ Clinical Medicine

Images in clinical medicine

Rare clinical image-gastroschisis in a newborn

Shivam Sharma, Sheetal Asutkar

Corresponding author: Shivam Sharma, Department of Shalya Tantra, Datta Meghe Institute of Higher Education and Research, Wardha, Maharashtra, India. shivamsharma1896@gmail.com

Received: 01 Sep 2022 - **Accepted:** 08 Jun 2023 - **Published:** 09 Jun 2023

Keywords: Gastroschisis, congenital anomaly, prenatal ultrasound, fluid management, surgical treatment

Cite this article: Shivam Sharma et al. Rare clinical image-gastroschisis in a newborn. PAMJ Clinical Medicine. 2023;12(15). 10.11604/pamj-cm.2023.12.15.37127

Available online at: https://www.clinical-medicine.panafrican-med-journal.com//content/article/12/15/full

Rare clinical image-gastroschisis in a newborn

Shivam Sharma[1,&], Sheetal Asutkar[2]

[1]Department of Shalya Tantra, Datta Meghe Institute of Higher Education and Research, Wardha, Maharashtra, India

[&]Corresponding author

Shivam Sharma, Department of Shalya Tantra, Datta Meghe Institute of Higher Education and Research, Wardha, Maharashtra, India

Image in medicine

A newborn full-term male infant brought with a congenital defect of the anterior abdominal wall with incidental finding of protruding wet intestinal loops through an opening without membranous coverage, rupture occurred during the delivery of the infant. Umbilicus was normal without any presence of other congenital defects. After delivery, he was having hypothermia, hypovolaemia and sepsis. The mother of the infant had an addiction to alcohol consumption and occasional smoking. There was no relevant past family history of such a congenital disorder. Gastroschisis is a congenital anomaly characterized by a defect in the anterior abdominal wall, with organ's evisceration through a wall defect. Infants with gastroschisis have a large amount of intestine on the surface of the

abdominal wall. More commonly, the intestine is thick, edematous, discoloured, and covered with exudates. There is no peritoneal sac, and the irritating effect of amniotic fluid causes chemical peritonitis by forming a thick, oedematous membrane. Nonrotation and intestinal atresia are common associations (15%). After delivery, infants are more prone to fluid loss, low body temperature, hypovolaemia, infections, and metabolic acidosis. Necrotising enterocolitis is also common in such infants (20%). They are also more prone to paralytic ileus. The patient was managed surgically under G/A, intestine loops were pushed into the abdomen through the defect and closed after initial placement of bowel in sterile silastic silo bag with fluid management, total parenteral nutrition, antibiotics, and calorie supplements were given. The final diagnosis was gastroschisis, while the differentials include omphalocele and exomphalos.

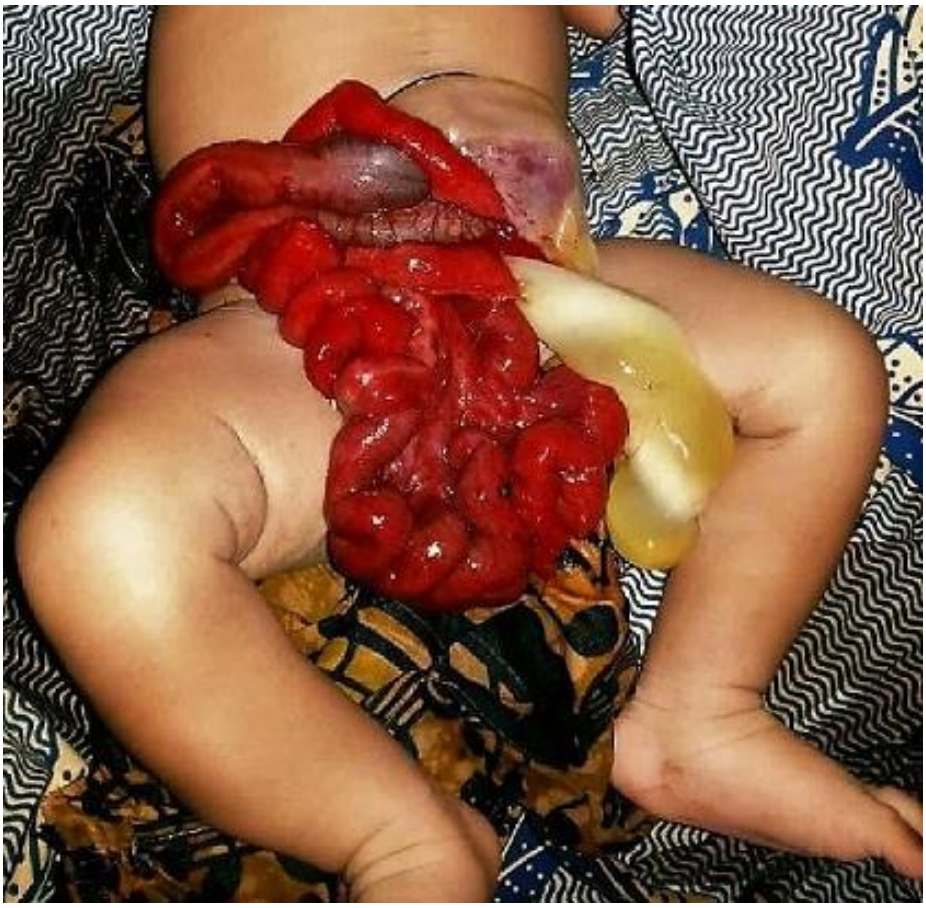

Figure 1: protruding intestinal loops through defect of the anterior abdominal wall