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Term pregnancy with gastroschisis presenting as prolapsed bowel loops

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Dear Editor,

Gastrochisis and omphalocele are the two most common congenital anterior abdominal wall defects.[1]These conditions can be diagnosed in the antenatal period with routine ultrasound scanning and maternal serum screening. However in the developing countries due to ignorance and lack of regular antenatal visits routine scanning of all the patients is not done.

A number of such cases are diagnosed either after delivery or present with complications of labour. We present an interesting case of term pregnancy with prolapsed fetal bowel loops into the introitus. The fetus was in transverse lie.

A 30 year old female patient presented with eight and half months of pregnancy with labour pains in the casualty department of Teerthanker Mahaveer Medical college and Research Centre. She was a primipara, with no history of antenatal visits and her last menstrual period was not known to her. She had undergone trial of labor at some other limited resource centre and was referred to our hospitalfrom there. On physical examination, her vitals were stable, the uterus was 32 weeks size with good uterine contractions and fetus was in transverse lie. Fetal heart sound could not be localised. Local examination revealed fetal bowel loops coming out from the introitus. On per vaginal examination the cervix was fully dilated and effaced and shoulder of fetus was felt. Her routine investigations were normal. Ultrasound scan of antenatal period was unavailable. Clinical diagnosis of term pregnancy with gastrochisis with intrauterine death with transverse lie was made. Patient was shifted to the operating room. Under general anesthesia internal podalic version was done and delivery was conducted as breech. A dead female baby of 2.5kg weight with a big left sided gastrochisis with liver protrusion was delivered. No other obvious congenital malformation was found. The post operative period was uneventful. Postmortem of baby was not done because of religious concerns of the patient's family.

Incidence of gastrochisis is 0.4 – 3/10,000 birth and omphalocele ranges between 1.5 – 3/10,000.[2] The majority of pregnancies complicated by gastrochisis can be diagnosed prenatally by routine ultrasound scanning.[3] Elevated maternal serum alfa feto protein level may be the earliest indicator of the presence of gastrochisis.

These pregnancies are high risk with an increased risk of preterm delivery, intra uterine growth retardation and fetal death.[4-6] t is necessary to deliver such patients at a tertiary care centre with good neonatology and paediatric surgery units for proper management and repair.

This case is unique as the patient presented at term with transverse lie with prolapsed fetal bowel loops. Most of the cases reported previously are with early pregnancy. There is only one similar case reported in literature by Parulekar et al.[7] Hence, to conclude that prenatal diagnosis

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of gastrochisis influences the timing, mode and location of delivery. An important aspect is training and education of midwives and routine ultra sonography of all antenatal patients for early detection to reduce the perinatal mortality and morbidity.

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