MSS OB Case Presentation

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Patient History

29 years old
G1
16 5/7 wks based on LMP
Patient came in for a cervical length due to patients history of an arcuate shaped uterus.
16 5/7 week findings

Cervical length measured 36 mm
Abdomen circumference small
Ventral wall defect
   Suspected to be either an omphalocele or a gastroschisis.
Omphalocele vs Gastrochisis

Herniation of abdominal contents into the base of the umbilical cord.
Liver and bowel are commonly involved.
Commonly associated with other anomalies.
US Appearance: Complex membrane enclosed sac continuous with umbilical cord.

Herniation of abdominal contents through the abdominal wall.
Usually located to the right of the umbilicus.
Typically only bowel involvement.
Not commonly associated with other anomalies.
US Appearance: Free floating bowel loops with a normal umbilical cord insertion.
18 6/7 weeks   Anatomy scan

Gastroschisis confirmed
  Measures 24x21 mm
Heart deviated to the right
  Could not rule out diaphragmatic hernia
Stomach appears posteriorly and superiorly displaced
Gender determined to be male
19 5/7 weeks  Follow up

Gastroschisis noted again
Left sided diaphragmatic hernia with fetal stomach in the thoracic cavity noted
   Mediastinal shift to the right
   Suspect heart defect
Gastroschisis

1 in 3,000 pregnancies usually occurring in younger mothers.
Increased MS-AFP
Associated with small abdomen circumference
Free floating bowel thickens
Use color to determine course of cord and distinguish bowel loops from vessels.
Treatment

Regular scans are advisable to monitor the thickness of the bowel wall, bowel distention and fetal growth. Baby can go to full term if bowel remains normal in appearance. After birth, early surgical intervention is needed to reposition bowel loops and repair the abdominal wall.

If small, one surgery is usually required.
If there is a large defect, several surgeries are required to slowly move the contents back into the abdomen.
Prognosis

The survival rate is above 90%.
May develop a bowel obstruction secondary to a kink or scar in bowel.
Most gastroschisis babies live a normal life.
Diaphragmatic Hernia

1 in every 2,500 live births
Majority occur on the left side
2x more common in males
Not genetically linked
Prognosis

Depends on the severity of respiratory distress
Worsens if diagnosis is made prior to 24 weeks
Inhibits lung formation
Outcome

Patient terminated pregnancy due to:

- Gastroschisis
- Left sided diaphragmatic hernia
- Suspected heart defect
Thanks for your attention!