

Case #1

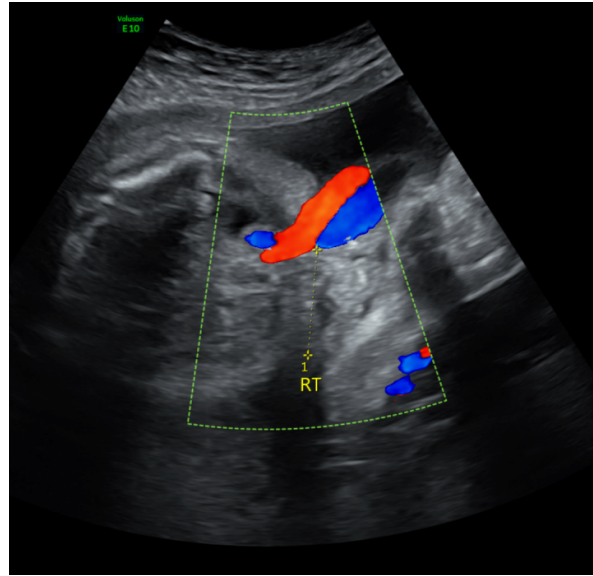
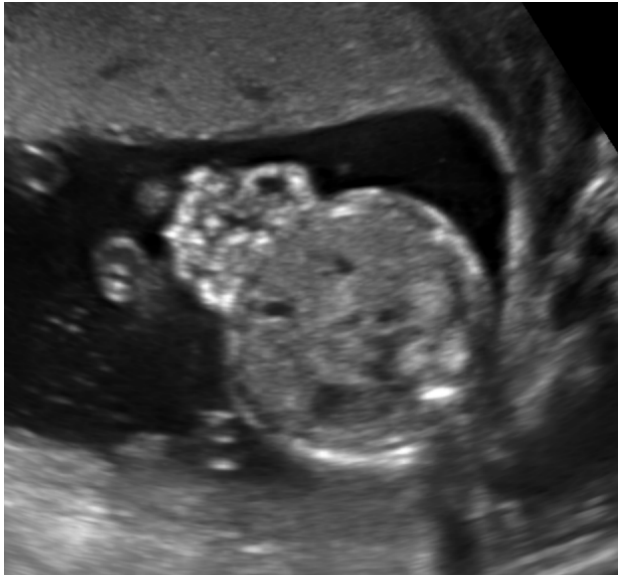
- 22-year-old G1P0 with singleton fetus at 22 weeks gestation referred by obstetrician for fetal anomaly identified on ultrasound.



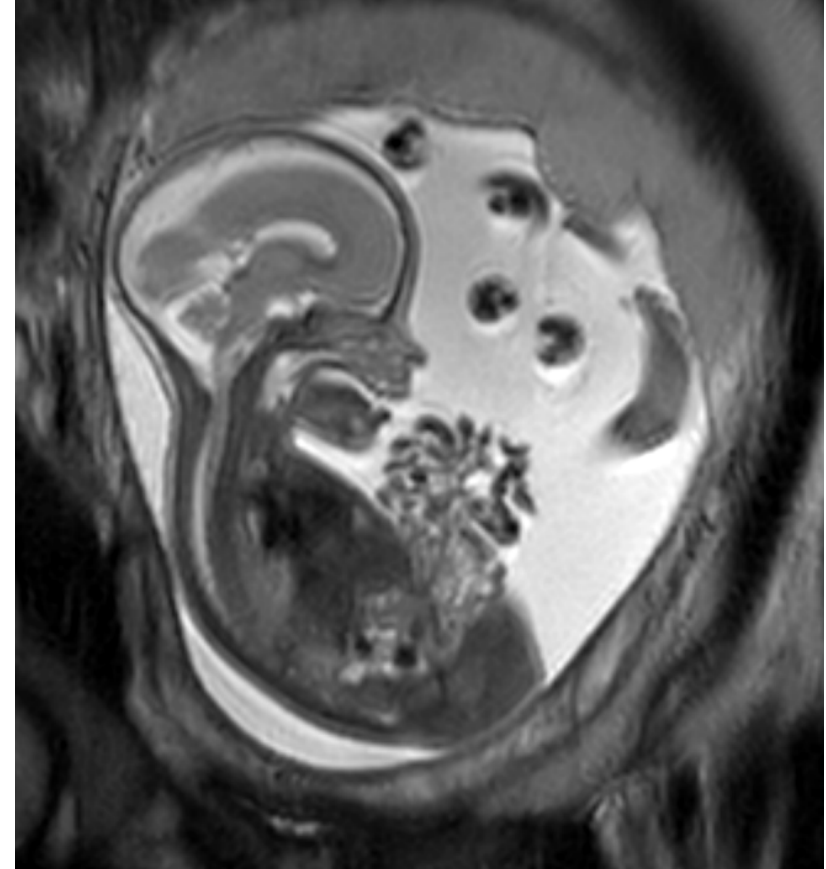
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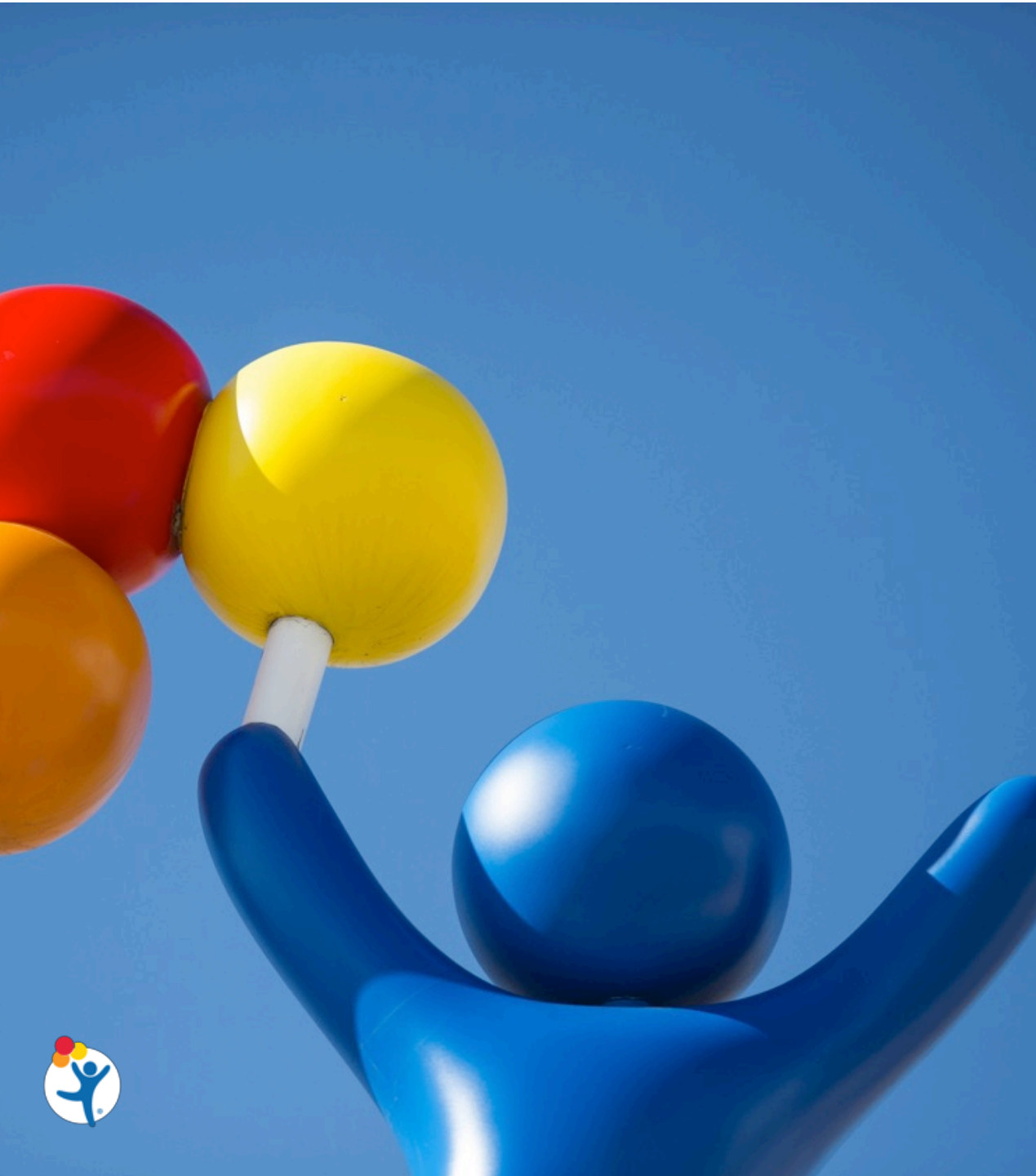
- 22-year-old G1P0 with singleton fetus at 22 weeks gestation referred by obstetrician for fetal anomaly identified on ultrasound.

Ultrasound



MRI





1st Poll



Prenatal Diagnosis and Recommendations

1

Omphalocele
with ruptured sac -
need to measure
TLV at 32-34 weeks
& obtain
amniocentesis for
chromosomes

2

Gastroschisis
with
polyhydramnios -
need to measure
TLV

3

Gastroschisis
without
polyhydramnios
& no bowel
dilation

4

Body stalk
malformation



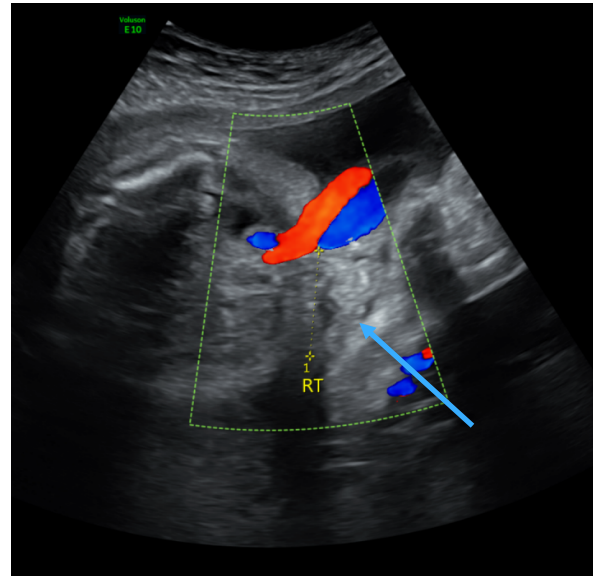
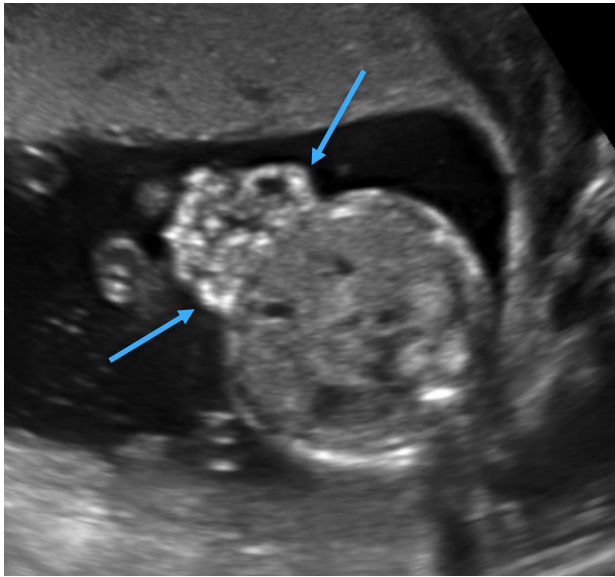
Panelists Discussion



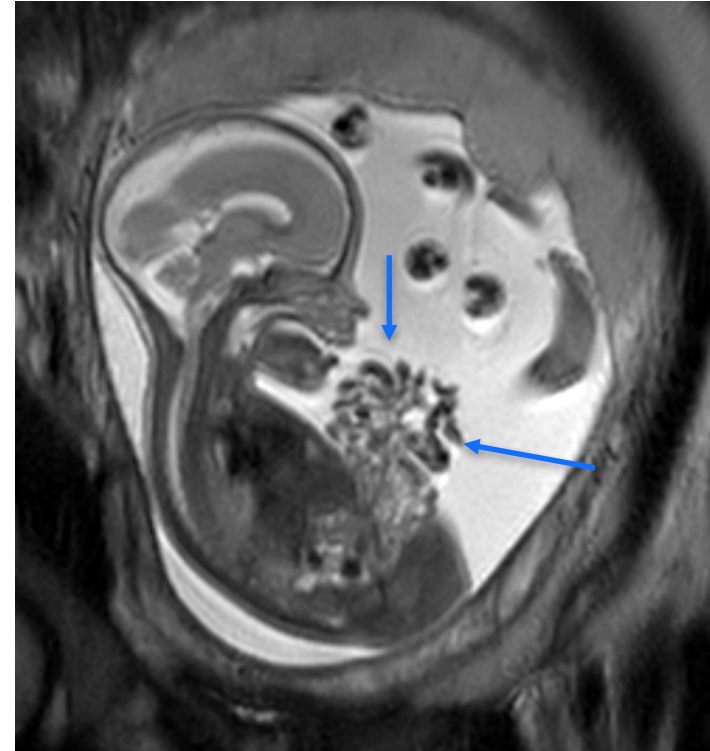
Case #1

- 22-year-old G1P0 with singleton fetus at 22 weeks gestation referred by obstetrician for fetal anomaly identified on ultrasound.

Ultrasound



MRI



- Gastroschisis with ventral abdominal defect characterized by eviscerated bowel loops lacking an overlying membrane. The umbilical cord inserts onto the fetal abdomen adjacent to the defect.
- No additional fetal anomaly.

Case #2

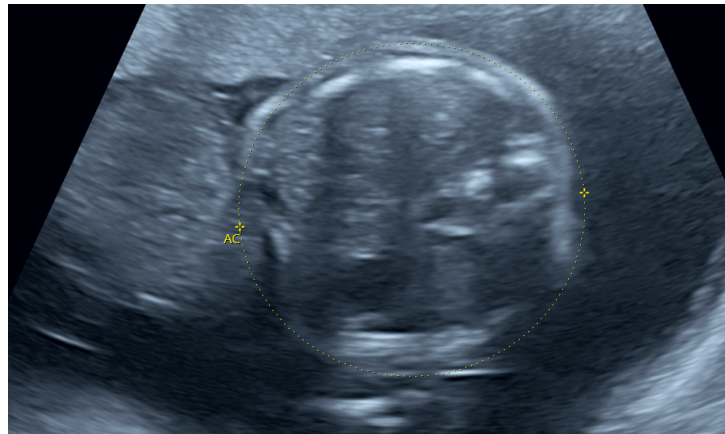
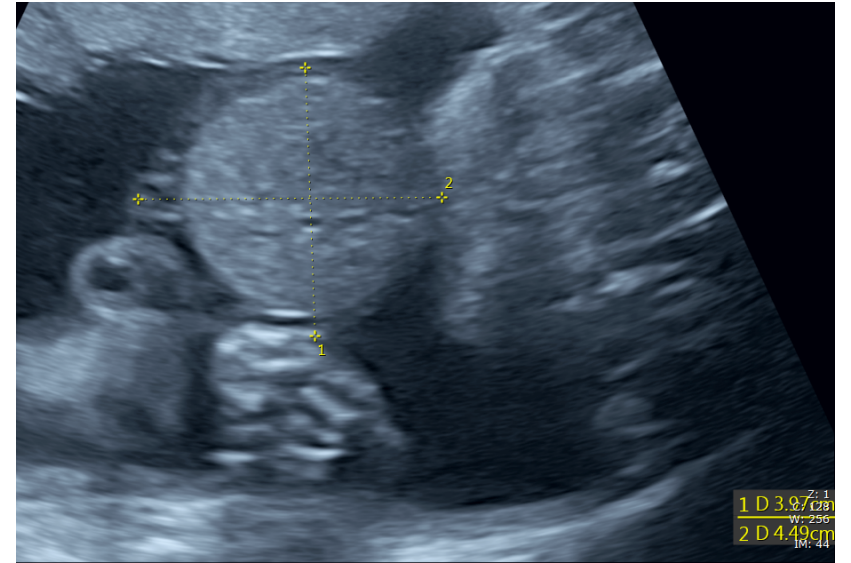
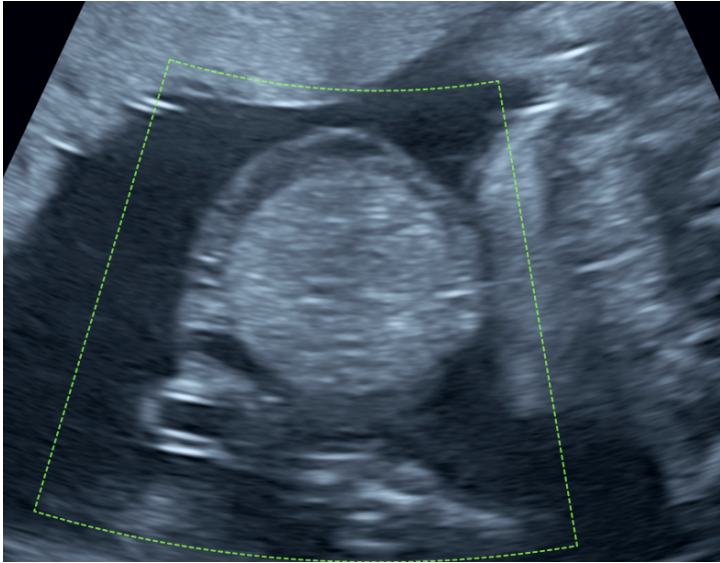
- 19-year-old G1P0 at 25 +1 weeks gestation. Anomaly first identified by ultrasound at 15 weeks.



Case #2

- 19-year-old G1P0 at 25 +1 weeks gestation. Anomaly first identified by ultrasound at 15 weeks.

Ultrasound



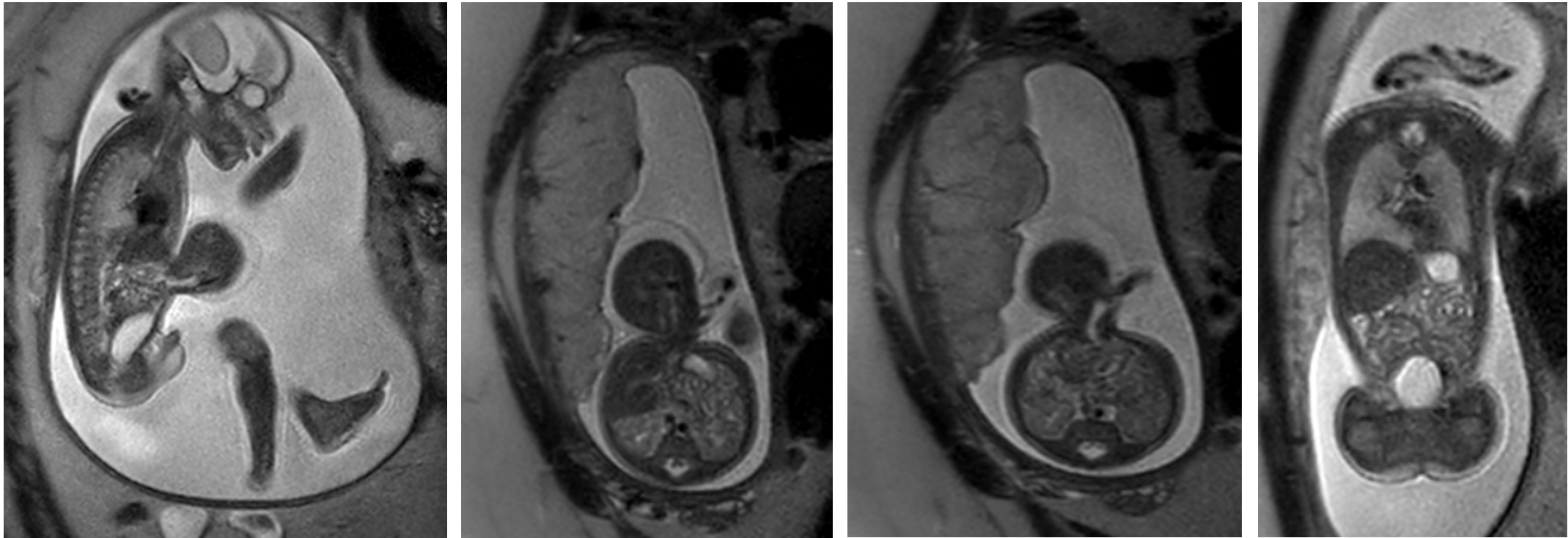
AC 18.13cm
GA 23w0d 0.0%
HC/AC 1.26
Z: 1
W: 256
IM: 49



Case #2

- 19-year-old G1P0 at 25 +1 weeks gestation. Anomaly first identified by ultrasound at 15 weeks.

MRI





2nd Poll



Prenatal Diagnosis and Recommendations

1

Limb body
wall complex

2

Omphalocele
with intact sac -
need to measure
TLV at 32-34
weeks & obtain
amniocentesis for
chromosomes

3

Gastroschisis
without
polyhydramnios
& no bowel
dilation

4

Pentalogy of
Cantrell



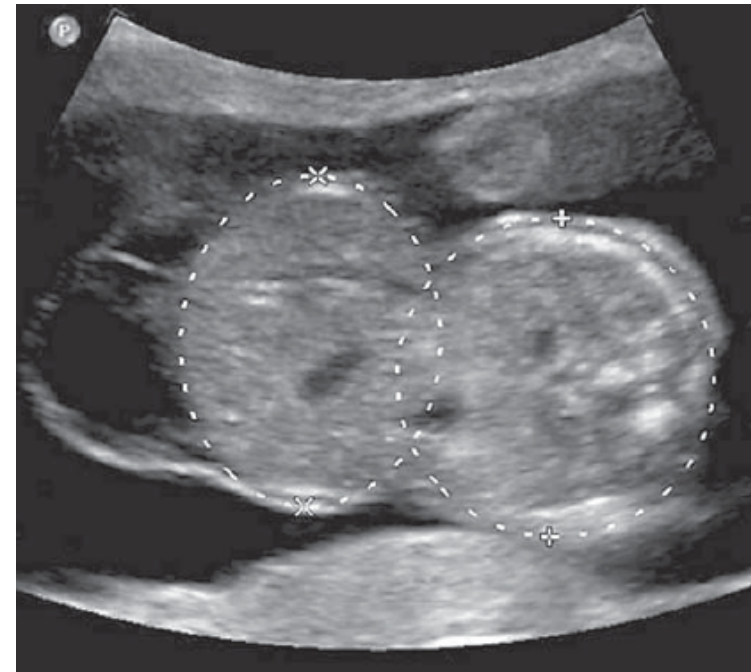
Panelists Discussion



Characteristics and Outcome and the Omphalocele Circumference/Abdominal Circumference Ratio in Prenatally Diagnosed Fetal Omphalocele

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C.M. Bilardo^a E. Pajkrt^a

Departments of ^aObstetrics and Gynaecology and ^bClinical Genetics, Academic Medical Center, and ^cDepartment of Paediatric Surgery, Paediatric Surgical Center Amsterdam, EKZ/AMC, Amsterdam, The Netherlands



2011

Objective: To evaluate the outcome of fetuses with prenatally diagnosed omphalocele and to investigate the predictive value of the omphalocele circumference/abdominal circumference (OC/AC) ratio – a measure for the relative size of the omphalocele.

Results: The OC/AC ratio was found predictive for herniation of the liver, respiratory insufficiency and type of surgical reconstruction.

Conclusion: Identification of omphalocele should arouse suspicion of genetic abnormalities, even in cases that appear isolated. The OC/AC ratio may influence counselling regarding the postnatal course.

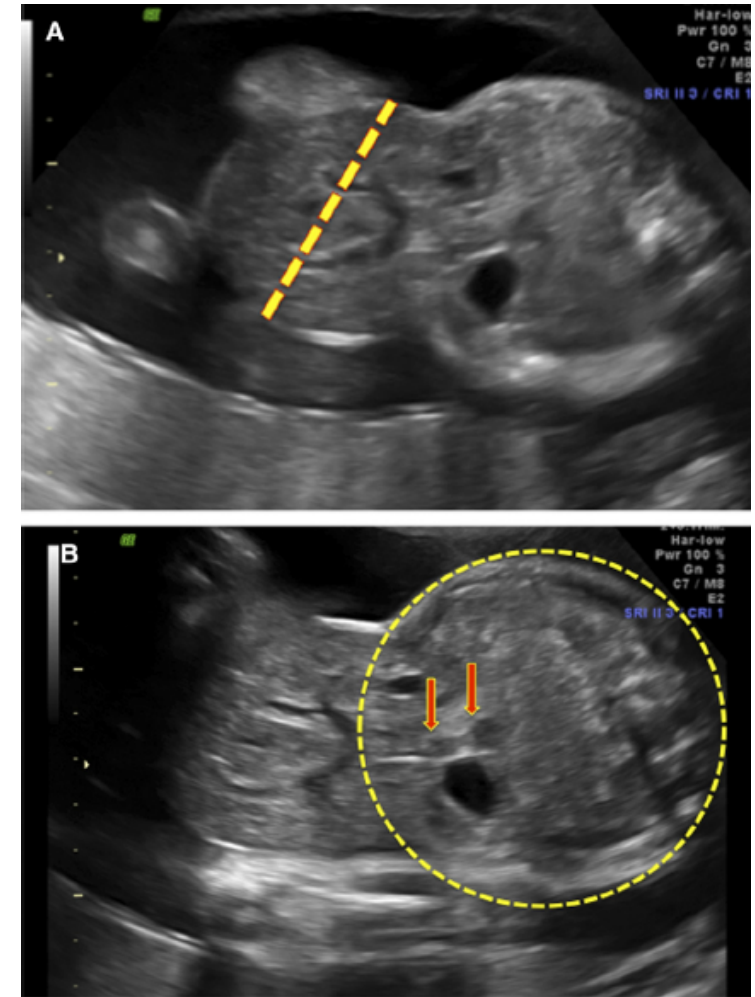
Fetal omphalocele ratios predict outcomes in prenatally diagnosed omphalocele

Freddy J. Montero, MD; Lynn L. Simpson, MD; Paula C. Brady, BA; Russell S. Miller, MD

2011

Objective: The objective of the study was to evaluate whether ratios considering omphalocele diameter relative to fetal biometric measurements perform better than giant omphalocele designation at predicting inability to achieve neonatal primary surgical closure.

Conclusion: The O/HC of 0.21 or greater best predicted staged or delayed omphalocele closure. Giant omphalocele designation, regardless of definition, poorly predicted outcome.





Can omphalocele ratio predict postnatal outcomes?☆

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2015

Background: The clinical course of patients with omphalocele is challenging to predict. There is no standard method to characterize omphalocele size. Previous studies suggest that the ratio of abdominal circumference to omphalocele defect in-utero is indicative of postnatal outcomes. We hypothesize that omphalocele ratio correlates with outcomes of primary closure versus staged closure.

Conclusion: The omphalocele ratio is a promising predictor of postnatal outcomes.