

## **Adherence Between Placenta And Omphalocele sac**

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### **Abstract:**

**AIM:** *To presentation of the baby who had placental adherence between fetal site of placenta and omphalocele sac.*

**CASE REPORT:** *A 21 years old woman, gravida 2, parity 0, abortion 1 was admitted to the Selçuk University Faculty of Meram Medicine Department of Obstetrics and Gynecologic because of beginning the labor. Omphalocele was seen with ultrasonographie. Cesarean section was preferred according to desiring the family. A placental adherence between fetal site of placenta and omphalocele sac was determined during cesarean section. This adherence was divided and the baby was delivered. But baby died because of major cardiac anomalies.*

**CONCLUSION:** *Anomalies such as omphalocel may be together with adherence between omphalocele sac and placenta or membranes.*

**Key Words:** *Omphalocele, Placenta, Adherence*

## **Plasenta ile Omphalocel Kesesi Arasında Yapışıklık**

### **Özet:**

**AMAÇ:** *Plasentanin fetal yüzü ile omfolosel kesesi arasında plasental yapışıklığı olan bir bebeğin sunulması.*

**VAKA SUNUMU:** *Gebelik 2, doğum 0, düşük 1 olan 21 yaşındaki bir olgu doğum eyleminin başlaması nedeni ile Selçuk Üniversitesi Meram Tıp Fakültesi Kadın Hastalıkları ve Doğum Bölümüne başvurdu. Ultrasonografi ile omfolosel saptandı. Ailenin isteği doğrultusunda sezaryen tercih edildi. Sezaryen esnasında plasentanin fetal yüzü ile omfolosel kesesi arasında plasental yapışıklığın olduğu saptandı. Plasental yapışıklıklar sezaryen esnasında giderilerek bebek doğurtuldu ancak bebek doğum sonrası majör kardiak anomalilerinin olması nedeniyle yaşatılmadı.*

**TARTIŞMA:** Omfolosel gibi anomalilerde; plasentayla diğer membranlar ve omfolosel kesesi arasında yapışıklıklar olabilir.

**ANAHTAR KELİMELELER:** Omfolosel, Plasenta, Yapışıklıklar

## INTRODUCTION:

Omphalocele is an anterior abdominal wall defect characterized by herniation of the intraabdominal contents into the base of the umbilical cord, with a covering amnioperitoneal membrane. The most frequently herniated organs are the liver, bowel and stomach. Umbilical cord inserts into the sac. The incidence of omphalocele is 1 to 3 per 10000 live births. Most cases are sporadic but in some cases there may be a sex-linked or autosomal pattern of inheritance (1-2). In this report, a case which had placental adherence between fetal site of placenta and omphalocele sac was presented.

## CASE REPORT:

A 21 years old woman, gravida 2, parity 0, abortion 1 was admitted to the Selçuk University Faculty of Medicine Department of Obstetrics and Gynecologic because of beginning the labor. She did not know the certain date of her last menstrual period. There was no antenatal care and ultrasound examination. One years ago suction curettage was done to this patient because of mole hydatiform.

Her general physical examination was found to be normal. In her pelvic examination cervical dilatation was 5 cm, the membranes were unruptured and the presentation of the fetus was breech. In the ultrasonographie, gestational age was found as 39th gestational week and omphalocele was seen. Other gross fetal abnormalities were not detected.

Cesarean section was preferred according to desiring the family. An inter

esting abnormality was seen on placenta during cesarean section. A placental adherence (approximately 40 %) between fetal site of placenta and omphalocele sac was determined. This adherence was divided and the baby who was 3000 gr and male infant was delivered with first min Apgar score 3. There was a large omphalocele but only bowels were herniated.

Because of the respiratory insufficiency in spite of nasal and oral aspiration, application of airway and oxygen, the infant was performed endotracheal intubation. Then the infant was resuscitated. Cardiac arrest occurred in spite of resuscitation. Despite the resuscitation and cardiac massage for 25 min, the baby died. Major cardiac anomaly and anus imperforatus was found after autopsy.

## DISCUSSION:

Embryologically, failure of fusion in the midline of gestation, results in an omphalocele. In omphalocele, the defect is located in the midline of anterior abdominal wall and herniated organs occurs through the base of the umbilical cord, covered by a membrane made up of two layers: internally, the peritoneum and externally, the amnion. The umbilical cord inserts into the sac. The ultrasonographic appearance varies depending on the size of the defect and organ herniated. The differential diagnosis of omphalocele is made with gastroschisis, which is a full-thickness defect of the abdominal wall, usually to the right of the umbilicus (1-3). In this case, the baby had a

omphalocele.

Omphalocele can be present as part of a syndrome (Pentalogy of Cantrell, Beckwith-Wiedemann Syndrome) or different anomalies. The incidence of anomalies with omphalocele is more than gastroschisis. The incidence of these anomalies including cardiac abnormalities (47%), genitourinary abnormalities (40%) and neural tube defects (39%) is very high (4-6). The baby had major cardiac anomalies and anus imperforates, in this case.

If omphalocele is diagnosed prenatally, to search carefully for other malformations and to perform fetal caryotyping is imperative. When the diagnosis is made before viability and associated anomalies are present, the parents may opt for termination of the pregnancy. But in our patient there was no prenatal care. Death is mainly due to cardiac abnormalities, chromosomal malformations, prematurity and respiratory insufficiency (5-6). In this case, the baby died because of major cardiac anomalies.

There is no consensus concerning the best method for delivery. The goal in the management is to deliver the fetus as close to term as possible. Delivery in a tertiary care center provides optimal care for the infant immediately at birth (7).

The pathologies such as adherence between fetal tissues or omphalocele sac and placenta or amniotic membrane is seen rarely. This pathology may be very hazardous for fetal and maternal. In this case adherence between placenta and omphalocele sac was found coincidentally during cesarean section.

Anomalies such as omphalocele may be together with adherence between omphalocele sac and placenta or membranes. Because of preventing fetal and maternal complications, it is not forgotten

that anomaly like omphalocele may be occurred the adherence between placental tissue and omphalocele sac.

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**PHOTOGRAPH:**

Photograph 1: A placental adherence between fetal site of placenta and omphalocele sac