

Prenatal diagnosis and clinical implications of body stalk anomaly: a case report and review of the literature

Brock Leão, J.¹; Leão, J.R.D.T.^{2,3}; Brock-Leão, M.⁴; Brock, M.^{2,3}

1. Federal University of Minas Gerais 2. University of Amazonas State, Manaus, Brazil; 2. 3. Faculdade Metropolitana do Amazonas, FAMETRO University, Manaus, Amazonas, Brazil, 4. University South Florida

Introduction

Body stalk anomaly is a severe congenital defect with unknown etiology characterized by the absence of a normal umbilical cord, leading to the evisceration of abdominal organs and, in some cases, thoracic organs, being only contained within a sac comprised of the amnioperitoneal membrane attached directly to the placenta.

Case report

Patient, 38 years old, G III PII, was referred for a routine ultrasound examination, as shown in the image1. On examination, shortening of the umbilical cord was observed, causing the fetus to adhere to the placenta (image A,B), along with eviceration of intestinal loops, liver, and heart (image A,B). Due to fetal non-viability, the patient opted for pregnancy termination, which confirmed the ultrasound findings (image C,D).

Discussion/Conclusion

The prevalence of body stalk anomaly is between 10-40 thousands pregnancies, accounting for pregnancy termination. Prenatal diagnosis is primarily achieved through ultrasound, between late first trimester and second trimester which can identify the characteristic features of the anomaly. It is often associated with other anomalies such as ectopia cordis, where the heart is located outside the thoracic cavity. Microarrays can also be performed to identify recurrence risk. The prognosis for body stalk anomaly is generally poor, with most cases resulting in perinatal death or termination of pregnancy due to the severity of the defects and associated complications. Early detection is crucial for counseling and management decisions, including the option of pregnancy termination given the poor prognosis.

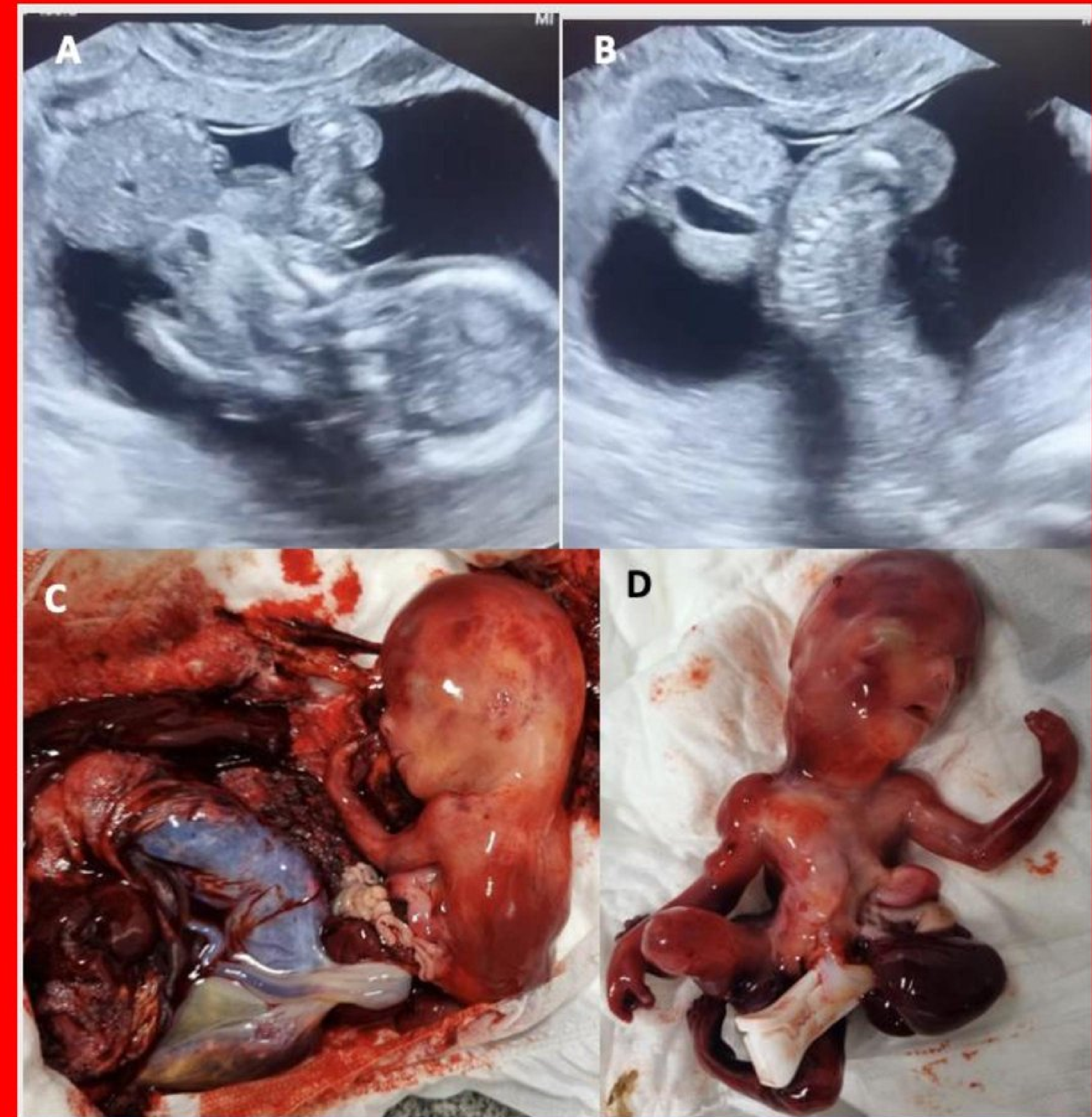


Figure 1 A, B- Shortening of the umbilical cord, causing the fetus to adhere to the placenta with eviceration of intestinal loops, liver, and heart. C-Fetus adhered to the placenta with eviceration of intestinal loops, liver, stomach, heart D- Short umbilical cord.