

EP05.75 Case report and review: vanishing gastroschisis

Marianna Servin-Iannini MD¹; Maria J. Rodriguez-Sibaja MD²; Yazmin Copado-Mendoza MD, MS²; Jose A. Ramirez-Calvo MD, MS²; Dulce M. Camarena-Cabrera MD, MS²; Mario I. Lumbreras-Marquez, MD, MMSc²; Sandra Acevedo-Gallegos MD, MS, PhD²; Berenice Velazquez-Torres MD, MS²

^{1, 2} Department of Maternal-Fetal Medicine; Instituto Nacional de Perinatología, Mexico City, Mexico

Introduction

Gastroschisis is a congenital abdominal wall defect with evisceration of bowel loops. Vanishing gastroschisis is a rare variant where the herniated intestines appear to spontaneously reintroduce into the abdomen, often leading to ischemia, atresia, associated to high mortality.

Case report

We present a case of a 40-year-old gravida 4 para 3 with a prenatal diagnosis of gastroschisis at 18 weeks. The initial ultrasound at 18 weeks identified a paraumbilical right-sided abdominal wall defect of 6.7 mm, with protrusion of intestinal loops, no covering membrane, and intra-abdominal and extra-abdominal loop diameters of 6 mm and 2.2 mm, respectively. Sonographic follow-up revealed progressive bowel dilation, prompting amniocentesis, which confirmed a 46 XY karyotype. MRI at 30 weeks suggested intestinal obstruction. At 36.4 weeks, the patient underwent emergency cesarean delivery due to non-reassuring fetal status. A 2110g male neonate was born with abdominal distension, requiring intensive care. On physical examination at birth, no abdominal wall defect was observed, except for a right paraumbilical pedicle, without protrusion of intestinal loops. Surgery confirmed jejuno-colonic atresia and an omphalomesenteric duct remnant. Despite three abdominal surgeries for adhesion-related obstructions, the neonate remains hospitalized at 147 days.

Conclusions

This case highlights the complexity and poor prognosis of vanishing gastroschisis, emphasizing the need for close prenatal and postnatal management.

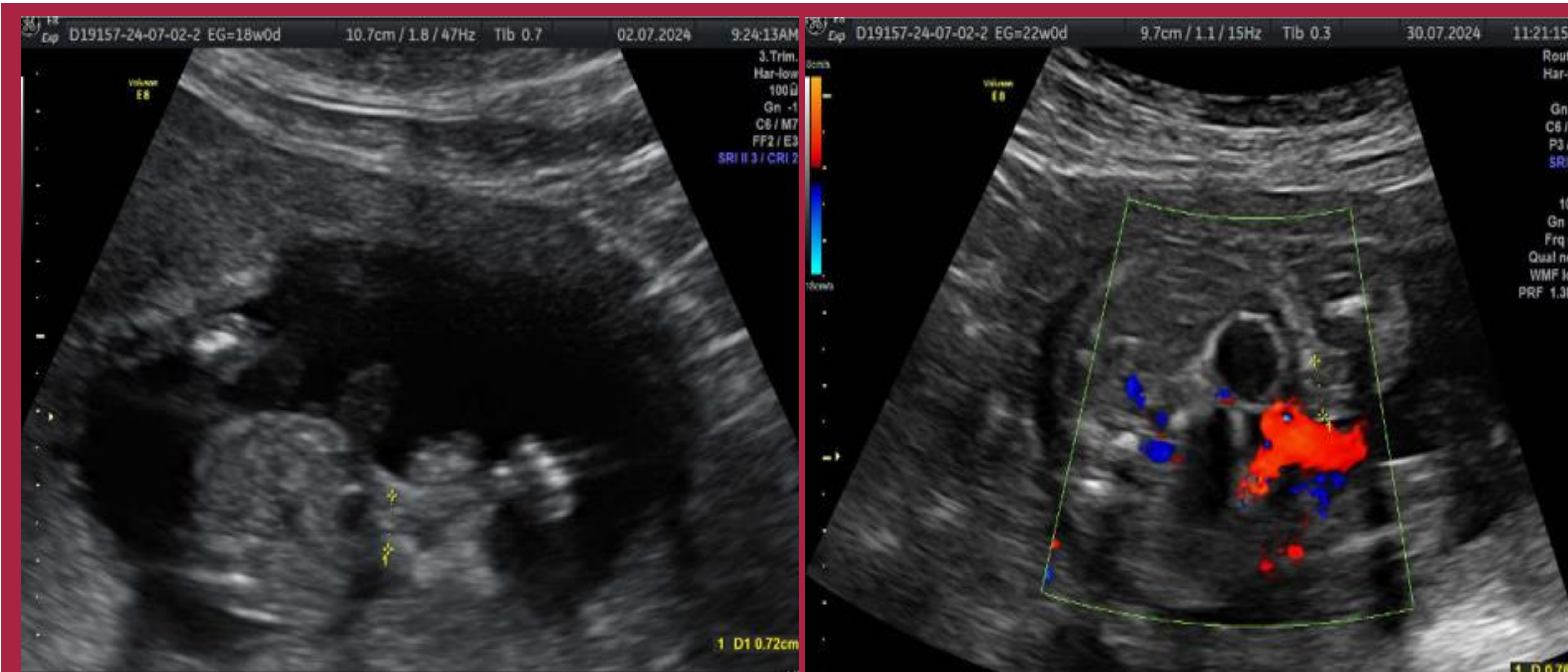


Figure 1. In images A and B, a paraumbilical defect with protrusion of intestinal loops is observed at 18.0 and 22.0 weeks of gestation, respectively



Figure 2. Image C shows marked dilation of intestinal loops up to 41 mm with evidence of obstruction. Image D shows a newborn with a right paraumbilical pedicle, without protrusion of intestinal loops.