

Umbilical Herniation of the Uterine Fundus and Fetal Head in a Term Pregnancy Isuog2026.3ba0d20

Maria Isabel Hawayek M.D.^{1,3}, Adriana Gomez B.S.¹, Kevin Hornedo M.D.²

¹Departumet of Obstetrics and Gynecology, University of Puerto Rico, ²Department of Radiology, University of Puerto Rico, ³University of Texas at San Antonio

Introduction

Ventral abdominal wall herniation during pregnancy is a rare maternal complication associated with significant diagnostic and management challenges. We report the case of a 29-year-old G5P3013 at 36 weeks' gestation with herniation of the uterine fundus and fetal head through a large ventral abdominal wall defect.

The abdominal wall defect can be seen in Figure 1. Despite ultrasound serving as the initial imaging modality, to better identify the abnormality and for surgical planning an abdominal CT scan was performed.

Surgical Findings

Due to fetal breech presentation, the patient's history of a prior classical cesarean section, and the findings on the imaging, the patient was recommended to undergo a planned cesarean section at 36 weeks. At repeat cesarean section, a 10 cm ventral hernia with a large hernia sac was identified, containing adherent transverse colon along the anterior wall.

Post-operative course

Following delivery, the patient underwent a concomitant abdominal wall repair in collaboration with general surgery service. She was recommended to undergo weight management before further management of the hernia is considered. She was otherwise discharged without further immediate complications.

This case highlights the challenges that may be encountered in patient with ventral wall hernias during pregnancy.

Conclusion

It is imperative to have a coordinated multidisciplinary to offer the best management to optimize maternal and fetal outcomes in cases such as these where multiple procedures are recommended concomitantly.



Figure 1. The umbilical hernia included bowel protrusion just above the uterine fundus.



Figure 2. The fetal head would protrude through the abdomen if the patient coughed.



Figure 3. Fetal hands and fingers were observed to be protruding through the hernia.