



Omphalocele and placental abnormality any association?

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Objective

To highlight the possible associations between placental abnormalities and fetal Omphalocele.

Methods

3 cases of fetal Omphalocele associated with placenta accreta/percreta are reported. Case one 29 years old G5P4 previous 4 Cesarean section referred at 16 weeks gestation with large fetal Omphalocele. Repeated ultrasound confirmed a large fetal Omphalocele with liver bowel and stomach noted to be outside abdominal cavity. Placenta was found to be previa with high vascularity /placenta lacunae and there was no hypo-echoic placental/myometrium zone. MRI done also suggestive of placenta accreta(increta/percreta). Couple were counselled about likely maternal risks including massive hemorrhage /cesarean hysterectomy /massive blood transfusion/ICU admission and likely poor neonatal outcome. Mother agreed to go for termination and was keen to save her uterus. Fetocide via KCL done. Then methotrexate 2 doses were given with good drop in BHCG and shrinkage in placental mass. 2 weeks later she was taken for hysterotomy leaving the inseparable part of placenta. Patient tolerated the procedure well and her post operative follow up was reassuring showing shrinking of placental mass case 2 33 G4 P3 previous 3 Cesarean sections referred with ultrasound suggestive of large Omphalocele and Placenta previa, highly suspicious of accreta. MRI also suggestive of placenta previa/accreta. She was admitted to hospital with mild per vaginal bleeding at 32 weeks gestation and managed expectantly to 35 weeks when she had regular contractions and per vaginal bleeding cesarean hysterectomy done due to severe bleeding (blood loss of 3 L) after one day of ICU admission she was transferred to the ward and on day 6 post surgery was discharged home in a good condition baby was ventilator dependent for more than 3 moths after which he had corrective surgery and shifted to pediatric surgery ward in stable condition Case 3 33 years old G 6 P 5 previous cesarean section x3 referred around 30 weeks gestation with fetal omphalocele and placenta previa. Repeated ultrasound and MRI were suggestive of placenta accreta. Had Amniocentesis and karyotyping was normal. Around 35-weeks +she had elective cesarean section followed by hysterectomy due to severe bleeding not responding to other medical surgical means(estimated blood loss of 4000 ml). Patient made good recovery and discharged home in good condition on day 7 post surgery baby admitted to NICU and had corrective surgery with good result.

Results

These three cases highlight the plausibility of an association between omphalocele previous cesarean section and abnormal placentation.

Conclusion

In cases of Omphalocele and previous cesarean section early assessment of placenta is warranted to enlighten patient and team about further pregnancy management.