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# Fetal omphalocele and placental abnormality any association

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## Objective

To report 3 rare cases of fetal omphalocele associated with abnormal placental implantation.

## Methods

Case 1: 35-year-old patient G6P5 with 3 previous cesarean sections was referred to our unit at 33 weeks with fetal omphalocele and placenta praevia. Repeated ultrasound and MRI were suggestive of isolated fetal omphalocele and placenta previa highly suspicious of accreta. After counselling amniocentesis was performed and the karyotype was normal. At 35 weeks, an elective cesarean section was planned, high risk consent signed and 6 units of packed RBCS, 6 units of fresh frozen plasma, and 6 units of cryoprecipitate were prepared prior to surgery. She underwent cesarean hysterectomy due to placenta accreta and massive bleeding. Estimated blood loss was around 4 L but after massive blood transfusion the evolution was favourable. The baby required intubation and neonatal admission, with good outcome after surgery. Case 2: 32-year-old patient G4P3 with 3 previous cesarean sections was referred to our unit at 25 weeks gestation for fetal omphalocele and low lying placenta. Repeated ultrasound and MRI confirmed the isolated fetal omphalocele and placenta praevia highly suspicious of accreta. At 31 weeks the patient was admitted with mild vaginal bleeding that settled soon after admission. At 35 weeks she had moderate bleeding and regular contractions and an emergency caesarean hysterectomy was performed. The patient was discharged 6 days post surgery. The baby was admitted to NICU for ventilation support and underwent surgery at 3 months after birth, still under pediatric surgery team surveillance 7 months later. Case 3: 29-year-old patient G5 P4 with 4 previous cesarean sections was referred to our unit at 16 weeks gestation with a large fetal omphalocele. Repeated scan and MRI confirmed an isolated fetal omphalocele and a placenta previa with high possibility of percreta. After extensive counselling the patient elected to proceed with a termination of pregnancy. Feticide was performed and 2 doses of methotrexate were administered, followed by hysterotomy which confirmed focal placenta percreta. Fetus and separable part of placenta were removed and the patient had a good outcome.

## Results

These 3 reported cases, are suggestive of possible association between fetal omphalocele and abnormal placental implantation, however more cases are needed to confirm this possibility.

## Conclusion

In cases of fetal omphalocele and previous cesarean sections proper assessment of placentation is warranted in order to inform both the patient and the surgery team regarding the possible risks and management options.