ID 4850

UMBILICAL CORD HERNIA: A MISLEADING DIAGNOSIS

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Introduction

Umbilical hernia is a rare abdominal wall defect whose diagnostic challenge depends mainly on the **differential diagnosis** with other entities, especially with omphalocele due to its greater morphological similarity. Both umbilical hernia, omphalocele and gastroschisis have different embryological origins, management and prognosis, hence the importance of determining an adequate diagnosis in each case.

Case reports

N	Maternal age	Gestational age at diagnosis	Size of lesion (mm)	Mode of delivery	Postnatal findings
1	40	12+3	43x38	Vaginal	Containing bowel
2	38	13+1	23x24	Vaginal	Containing bowel
3	27	12+3	44x27	Vaginal	Persistence of the omphalomesenteric duct
4	19	12+2	13x8	In progress	In progress

CONCLUSION

Most cases of umbilical hernia have a good prognosis, unlike omphalocele, which has a higher rate of complications depending on the association with other alterations or abnormal karyotype. An adequate diagnosis is necessary to carry out an adequate prenatal follow-up with personal advice and postnatal treatment if necessary.

