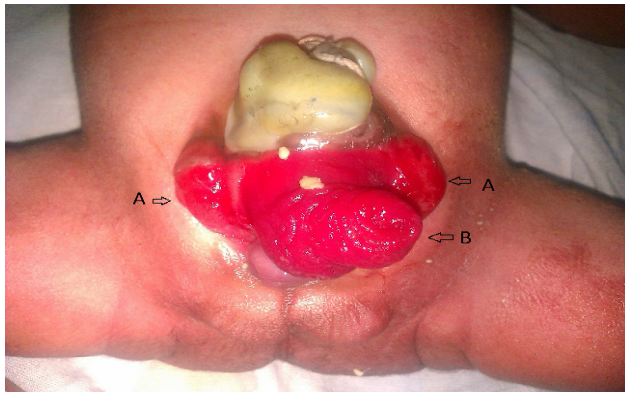


SPOT DIAGNOSIS (IMAGE GALLERY)



ABDOMINAL DEFECT

**Sachin Gajanan Damke, Bhavana Lakhkar,
Nitin Borkar**

*Department of Pediatrics, JNMC, ABVR Hospital,
Sawangi, Maharashtra, India.*

Address for Correspondence: Dr Sachin Gajanan Damke, Assistant Professor, Department of Pediatrics, JNMC, AVBR hospital, Sawangi, Maharashtra, India. Email: buntydamke@yahoo.com

A newborn baby of 35 completed weeks of gestation, of undetermined sex and birth weight of 1700 grams was brought to us on day 1 of life. The newborn had an abdominal wall defect just below the umbilicus with

a red mass protruding out of it which looked like an elephant head with a central tubular trunk like structure (prolapsed ileum - B) and two lateral ear like structures (exstrophised bladder - A). There was imperforate anus, a swelling over the left sacral area probably a meningocele with an underlying defect of the left sacral bone. The child was moving both the lower limbs but had equinovarus defect in the left foot.

What is the diagnosis?

Cloacal exstrophy. It is a rare anomaly with no sex predilection. The defect occurs as an abnormal large cloacal membrane gives way before the urorectal septum has partitioned the cloacal pouch, thus, the cloaca itself exstrophies, resulting in two half of the exstrophised bladder separated by exstrophised ileocecal bowel area. On the rostral side, the ileum prolapses appearing as a long proboscis of small bowel mucosa. Inferiorly an orifice leads to a blind ending and short colonic segment. It may be associated with multiple anomalies. Management is primarily surgical.

E-published: April 2012 . **Art#21, DOI No. :** 10.7199/ped.oncall.2012.21



Quick Response Code