

Gastroschisis

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In gastroschisis, an abdominal wall defect lies to the right-hand side of the umbilical cord and transmits the small and large intestine, stomach, bladder and sometimes the ovaries or undescended abdominal testes (Figure 18.16). Risk factors include teenage pregnancy , recreational drugs, smoking and genitourinary infection in pregnancy . It is easily diagnosed antenatally , allowing delivery near a surgical unit. Vaginal delivery is appropriate. After birth, twisting or kinking of the mesenteric blood supply must be avoided. The abdomen and viscera are wrapped using a transparent plastic food wrap (e.g. cling film, Saran wrap), a large-bore nasogastric tube is placed, and fluid resuscitation is initiated. The bowel may have a thick wall and be matted together. Sometimes, the defect closes antenatally , causing an atresia and an extra length of damaged intestine (Figure 18.17). A narrow defect may need to be widened and a sutured silo (silo: structure for storage) created using Silastic sheeting or an empty intravenous fluid bag. Primary closure under general anaesthesia usually requires NICU admission for postoperative ventilation. An alternative is to place a preformed silo at the bedside (Figure 18.18), followed by gradual reduction, which sometimes avoids general anaesthesia altogether. PN is needed for around 4 weeks or longer while intestinal motility improves. Orvar Swenson , 1909–2012, Swedish-born American paediatric surgeon who discovered the cause of Hirschsprung's disease. Bernard Duhamel , 1917–1996, Professor of Surgery , Hôpital Saint-Denis, Paris, France. Asa G Yancey , 1916–2013, African-American surgeon who described in 1952 what Thomas Wharton , 1614–1673, English anatomist: 'The description of the glands of the entire body', 1656. nal

Figure 18.16 Gastroschisis. Figure 18.17 Closing gastroschisis: the defect has narrowed and occluded the vessels to a few loops of intestine. Note the atresia found at laparotomy.

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