

# Successful Conservative Management of a Giant Omphalocele

## “Conservative treatment approach for a term infant with giant omphalocele in Baidoa, Somalia”

Omphalocele, a congenital abdominal wall defect, has a **crude birth prevalence** of 2.23 per 10,000 live births but recent research shows **much higher prevalence in Africa and low-income settings** (4.89 per 10,000 live births). The standard treatment, surgical repair, remains a challenge in most of these settings.

**Conservative management included daily dressings with 1% silver sulfadiazine cream and paraffin gauze plus compressive bandage for 2 weeks, and then every 4 days for 4 weeks, until full skin closure**



**Image 1.** Omphalocele at 13 days of life, day of admission



**Image 2.** Omphalocele at 43 days of conservative management, 56 days of life as an outpatient

## Case description

A 13-day-old male baby presented to the neonatal unit with an abdominal wall defect plus a history of fever and foul smell from the lesion. He was born at home, via vaginal delivery, at 39 weeks of gestation, to a 26-years-old multiparous mother.

At physical examination on arrival, he was febrile, tachycardic and lethargic. Other vital signs were normal. Weight was 2920g. He presented a giant omphalocele (approximately 7x5 cm). The lesion was covered by a smooth, yellow-colored sac. No other abnormality was detected.

### Initial management

- ✓ Fasting, open NGT
- ✓ Maintenance intravenous fluids
- ✓ Ampicillin 150mg/kg/TDS + Gentamicin 5mg/kg/day
- ✓ Dressing with sterile gauze humidified with NaCl 0.9% on the lesion

### Conservative management

- ✓ Daily dressings with 1% silver sulfadiazine cream and paraffin gauze plus compressive bandage for 14 days since admission
- ✓ IV antibiotics stopped after full course (7 days Ampicillin, 5 days Gentamicin)
- ✓ IV fluids were discontinued on day 3, exclusive breastfeeding continued afterwards
- ✓ Following family request, patient went home after 2 weeks and continued dressings every 4 days as an outpatient until full skin closure at day 43 since admission, day 56 of life
- ✓ Danger signs for his resulting ventral hernia were provided at full discharge, and a follow-up appointment after 2 months

**In African low-income settings, with low technical resources and high prevalence, conservative management for omphalocele cases is a viable option.**

**Proper supportive care, monitoring infections, urine and stool outputs must be provided. A full closure of the fascia can be undertaken later, around 18-36 months old with less peri and post operative risks.**

**Limitations:** This is one case report, more case series in the literature may be useful in informing better conservative management practices