IS-008  Nonoperative Management of Large omphalocele—report of two cases—

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Purpose
Surgical repair of omphalocele has evolved with advances in neonatal intensive care and anesthesia. However, it is still difficult to treat without such sophisticated facilities. We described our experience of nonoperative treatment of large omphalocele.

Case report
Case 1; one-day-old female (2.6 kg) was admitted due to large (9 cm) omphalocele without the rupture of sac. Herniated organ was intestine, and no associated anomaly was found. We performed suspension of the abdominal wall from second day of age. Dressing with moist gauze was changed in every 2 to 3 days. Abdominal viscera gradually returned, and skin coverage was completed on 25th day. During the suspension, oral feeding was not restricted.

Case 2; one-day-old female (2.5 kg) was admitted due to large omphalocele. The omphalocele was 12 cm containing a part of liver and intestine. Hernia sac was intact, and no associated anomaly was found. We started abdominal wall suspension from second day of age. On 35th day, skin coverage was completed. Nutrition was maintained as in case 1.

In both cases, antibiotics were preventatively administrated for the first week of suspension. Complications were mild skin infection and abdominal wall hernia in both cases. The treatment of abdominal wall hernia was performed at the age of 1.5 (case 1) and 2 (case 2), respectively.

Conclusion
Our technique was simple, did not require advanced care units or equipments, and the result was satisfactory. It is justified to use this technique in any country such as Cambodia where sophisticated medical facilities are not available.