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Omental herniation following intrauterine transfusion

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Title page

Title: Omental herniation following intrauterine transfusion

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Summary

A baby girl was born at 28 weeks with a background of red cell alloimmunisation requiring intrauterine transfusion. At birth an appendage was noted on the left flank. Ultrasound showed that an omental hernia with a well-vascularised pedicle. This was surgically repaired. Omental herniation is a rare but recognised complication of intrauterine transfusion; imaging and formal excision is recommended.

Main text

A baby girl was born by emergency caesarean section at 28 weeks gestation due to reduced foetal movement and non-reassuring CTG. The pregnancy was complicated by red cell alloimmunisation secondary to maternal anti-C and anti-D antibodies. This required five intrauterine transfusions from 18 weeks gestation, all using an intrahepatic approach. During transfusion at 24 weeks, a second needle insertion was required to achieve satisfactory vascular access.

At delivery, a slender 2cm dark red appendage was noted on the left flank, which appeared to herniate through a small defect in the abdominal wall. In the following hours, the lesion became more prominent (Figure 1). An ultrasound showed soft tissue herniation with a well-vascularised pedicle connected to the splenic capsule.

Due to inability to pass an orogastric tube, a diagnosis of distal oesophageal obstruction was made, requiring placement of a gastrostomy. At surgery, the abdominal wall defect was extended and the hernia was confirmed to be omentum. It was excised using diathermy, a gastrostomy was placed through the extended defect and the abdominal wall was sutured.

Omental herniation is a rare but recognised complication of intrauterine transfusion[1, 2]. Previously reported cases occurred prior to the introduction of ultrasonographic guidance in 1977 and intravascular transfusion methods from 1981 onwards[3]. This case highlights the existence of this unusual complication of intrauterine transfusion, which may confront the paediatrician at delivery. Whilst appearing innocuous at birth, the vascular nature of this lesion emphasises the importance of obtaining imaging and formal excision to avoid unnecessary complications.

Figure 1.

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Competing interests

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