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GIANT OMPHALOCELE: FIRST USE OF ABSORBABLE BIOSYNTHETIC MESHES (POLYGLYCOLIC ACID: TRIMETHYLENE CARBONATE) IN CASES OF FASCIAL CLOSURE IMPOSSIBILITY

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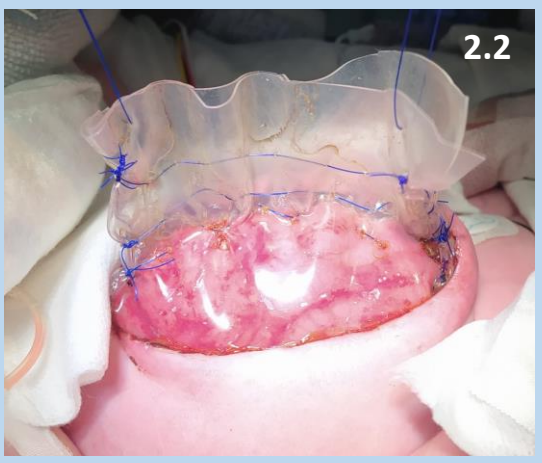
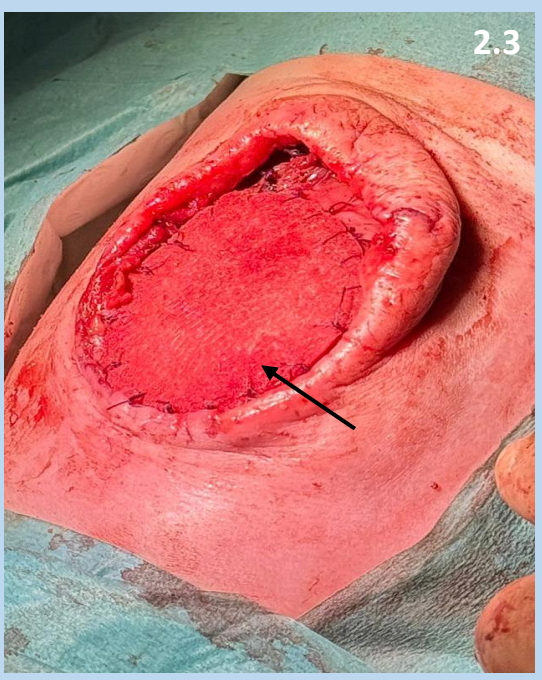
Objective: The treatment of giant omphalocele (GO) remains a challenge. The introduction of new techniques has improved fascial closure; however, in some cases, this is not feasible. We present the first cases in which absorbable biosynthetic meshes (ABM) have been used as a therapeutic alternative

Results: In the first case, a patient with GO and pulmonary hypoplasia required delayed closure at 18 months, following two applications of botulinum toxin. The initial fascial defect measured 25 × 20 cm and was reduced to 15 × 15 cm during the first intervention, at which point an ABM was placed. During a second procedure with progressive traction, the defect decreased further to 6 × 10 cm, with no evidence of intestinal adhesions; however, due to the impossibility of complete closure, an additional ABM was used, achieving a satisfactory aesthetic and functional outcome.

In the second case, an early closure attempt with a non-surgical silo required conversion to a conventional silo after amnion rupture. Since complete fascial closure could not be achieved after visceral reduction, an ABM was applied. However, the patient developed compartment syndrome eight days after closure, requiring abdominal reopening. Subsequently, a high-output enteroatmospheric fistula and complete thrombosis of the superior vena cava developed, leading to the limitation of therapeutic efforts due to the complexity of the case.





Conclusions: The use of absorbable ABM has proven useful in the management of the complex abdomen in adults and may represent an alternative in cases of GO where fascial closure is not feasible.

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