Left Sided Gastroschisis

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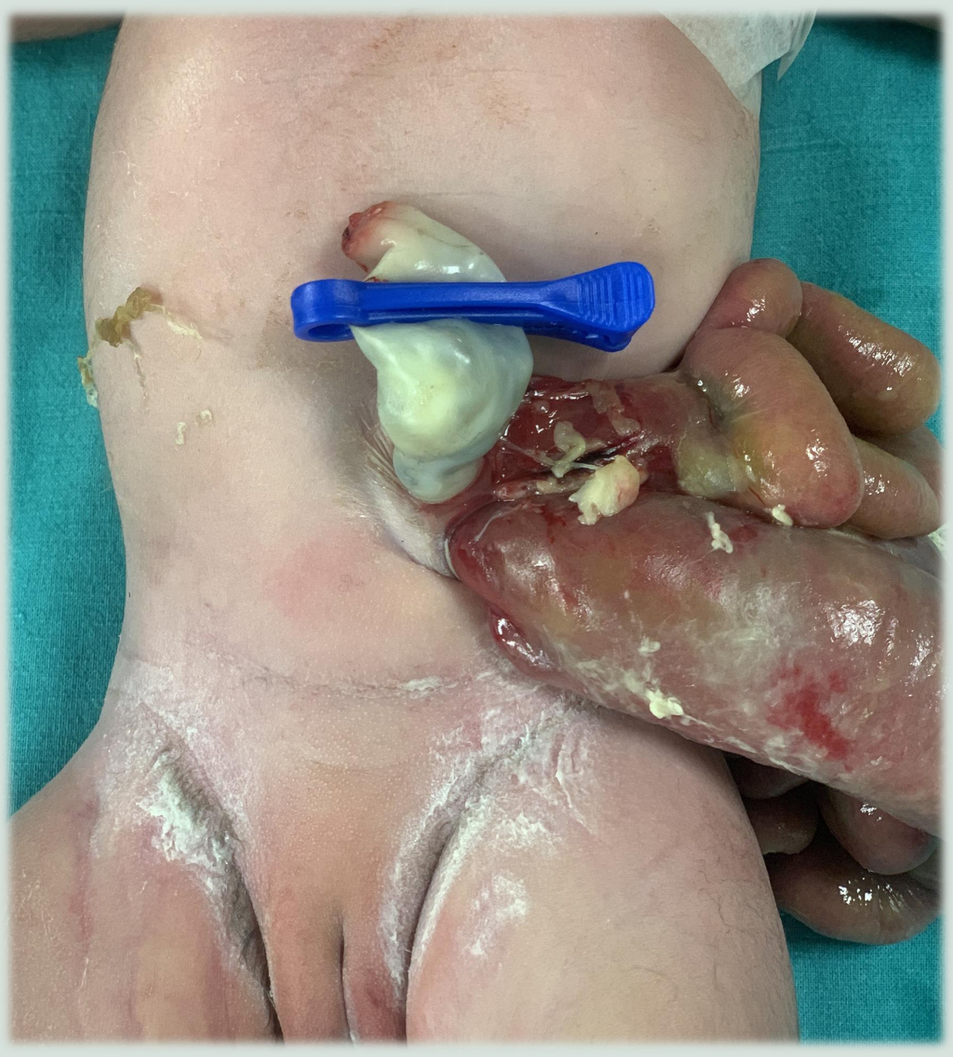
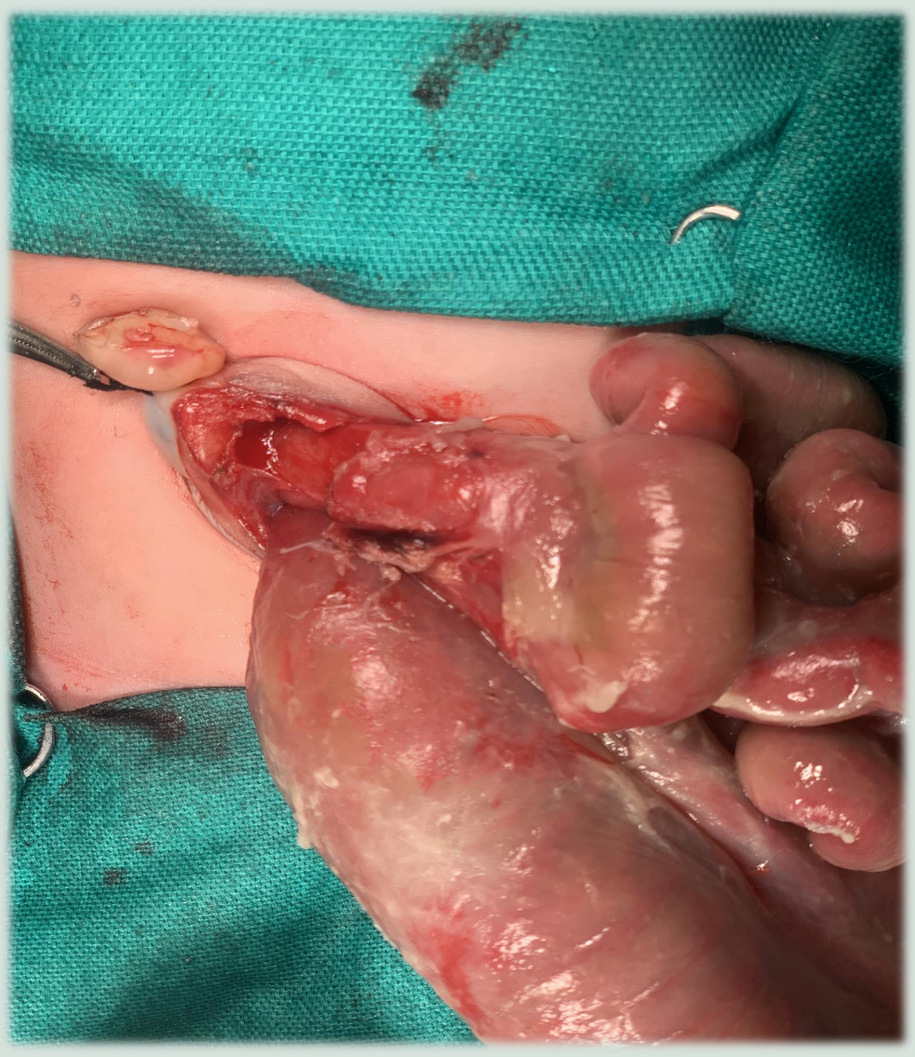
INTRODUCTION

- Gastroschisis is a congenital abdominal wall defect, resulting in herniation of intra-abdominal structures.
- Incidence of gastroschisis is **5 per 10,000 live births**.
- Usually, it is right sided but left side is exceptionally rare with **only 43 cases** reported till date and sparse literature on its management and outcomes.
- **Pathogenesis remains unclear**, but proposed mechanisms include vascular disruption from abnormal involution of the umbilical veins, defective angiogenesis, intrauterine ischemia, or mesenchymal weakness adjacent to the umbilical ring
- This case highlights an atypical presentation managed with primary closure





CASE REPORT

- A female baby born via LSCS at term in periphery presented to us at **12th hour of life** with bowel herniation from abdominal wall
- On examination, there was a defect left to umbilical cord with the herniated bowel showing no signs of ischemia or atresia except edema.
- Diagnosis of **Left sided gastroschisis** made.
- Primary reduction was achieved, and the abdominal wall was closed surgically without requiring a silo.
- Postoperatively, patient developed nosocomial chest infection. Enteral feeds were initiated by day 3, but baby's respiratory infection worsened. Unfortunately, patient could not the sepsis and **expired** on 5th post operative day.

CONCLUSION

- Left sided gastroschisis can present as an isolated congenital anomaly. Management protocol involves primary closure or staged reduction whatever is safe for that index child.
- Etiology of left sided gastroschisis is still questionable. Though right sided gastroschisis is hypothesized to result from vascular accidents (right umbilical or omphalomesenteric artery).

LITERATURE REVIEW

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