IMAGES IN NEONATAL MEDICINE.....

Rare spontaneous regression of patent omphalomesenteric duct after birth

The abdominal radiograph (fig 1) shows

contrast material in the small bowel after injection through a fourth lumen found in the transected umbilical cord of an infant born at 28 weeks gestation (in vitro fertilisation), consistent with a patent omphalomesenteric duct.

When the infant was 3 months old, the umbilical skin was completely closed leaving a 1.5 cm umbilical hernia. Exploratory surgery was performed. Neither patent omphalomesenteric duct nor its fibrous remnant were present.

A Meckel's diverticulum was found 40 cm from the ileocaecal junction (fig 2). A Meckel's diverticulectomy was performed. The period after the operation was uneventful.

Patent omphalomesenteric duct accounts for about 2% of omphalomesenteric duct malformations¹ and should be suspected in the presence of an umbilical discharge, umbilical granuloma not responding to silver nitrate cauterisation, or in the presence of an additional non-vascular lumen in a transected umbilical cord. Prompt surgical repair minimises the risk of intestinal obstruction and prolapse of the ileum through the fistula. Only one similar case of spontaneous postnatal regression of a patent omphalomesenteric duct was found in the literature.²

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Figure 1 Abdominal radiograph after cannulation of the fourth lumen in the umbilical cord showing contrast material in the small bowel.



Figure 2 Laparotomy revealed a Meckel's diverticulum adherent to the mesenterium without a mesodiverticular band.