Objective

Body stalk anomaly is a severe defect of the abdominal wall in which there is evisceration of abdominal organs and in more severe cases of thoracic organs as well. This congenital malformation is accompanied by severe kyphoscoliosis and the presence of a rudimentary umbilical cord which is usually short or even absent. This also occur in conjunction with neural tube defects, genitourinary malformations, abnormalities of the chest wall, intestinal atresia, and craniofacial defects.

Methods

A case of body stalk anomaly in a DCDA twin pregnancy. G 4 Para 0+4, all spontaneous miscarriage. Current pregnancy is spontaneous with twins. Approximately 13 +2 weeks by dates. DCDA wins with fundal anterior placenta. One vanishing twin syndrome at 8 weeks. Other fetus has multiple congenital anomaly with acrania, large exomphalos and very short cord with possible body stalk anomaly Bad prognosis was discussed with the patient and have been informed that fetus is incompatible to life. Patient requested TOP. IVF and PGD was discussed however no chromosomal problem in the partner or herself or recent POC. Possible sporadic condition and unlikely to recur, however in the light of 4 previous miss carriage other possibility can not be excluded.

Results

Body stalk anomaly is a malformation syndrome in which the exact pathophysiology and trigger factors are still unknown. Much remains to be elucidated in terms of its real epidemiology, global distribution, and risk factors. Efforts should focus on making an early diagnosis in order to avoid complications for the maternal morbidity. Early diagnosis is beneficial as it allows appropriate counseling and a timely management.

Conclusion

Body stalk defects can be detected at the end of the first trimester of pregnancy by ultrasound. An early diagnosis is important in order to provide counselling regarding the prognosis of this lethal type of anomaly. An appropriate midsagittal view of the fetus for the measurement of CRL, NT and adequate sweeps through the head and abdomen, should identify all the cases of body stalk anomaly between 11 and 13 weeks of gestation. Before establishing a final diagnosis, it is important to consider other pathologies that affect the abdominal wall and the OEIS complex (omphalocele, extrophy of cloaca, imperforate anus, and spinal defects).