Objective
The gastrointestinal tract develops between gestational weeks 4 to 16. Abdominal wall defects occur when the normal sequence of the gastrointestinal tract development is interrupted. Laparoschisis represents a herniation of abdominal contents through a paramedian full-thickness abdominal wall fusion defect without involving the umbilical cord. Evisceration usually only contains intestinal loops and has no surrounding membrane unlike omphalocele that’s why neonates with laparoschisis have better prognosis than those with omphalocele. The incidence of laparoschisis is 0.4 to 3 per 10 000 live births, and the incidence of omphalocele is 1.5 to 3 per 10 000 live births. We will report our experience in the diagnosis and management of its anomalies through two cases.

Methods
We will report two cases of unusual anterior abdominal wall defects. We received and followed them to the maternity and neonatology hospital of La Rabta Tunis.

Results
First case: Mrs M aged 21, nulliparous, pregnant at 13 weeks of amenorrhea of a non-consanguineous marriage presented at the first trimester ultrasound a nuchal translucency at 1.5 and a defect of the anterior abdominal wall measuring 6 mm with a hernia bag with mixed contents of 15 x 12 mm evoking an omphalocele. The screening of chromosomal defect and the fetal karyotype returned normal. The morphological ultrasound at 23 weeks shows an omphalocele containing the liver without other detectable morphological abnormalities. The newborn was born by cesarean section at 39 weeks without neonatal distress. He was operated within 48 hours at the pediatric surgery unit with simple suites. Neonatal and surgical management will be detailed later in comparison with the laparoschisis management. Second case: Mrs S, 30 years old, G3P3, was received at 34 weeks, the ultrasound reveals a laparoschisis with external digestive dilated loops, with a thickened and duplicated wall and without other detectable fetal malformation. There is also an intrauterine growth retardation with a biometry corresponding to 32 weeks. The patient had a spontaneous labor and vaginally delivered at 36 weeks of a newborn born at 2480 g without neonatal distress. Neonatal and surgical management is ongoing and will be detailed later.

Conclusion
Ultrasound examinations carried out at the end of the first and the second trimester of pregnancy make it possible to detect malformations of the anterior abdominal wall of the fetus like laparoschisis and omphalocele. These pathologies are viable and curable surgically at birth. So, when the diagnosis is made, it is necessary to evaluate the prognostic elements: