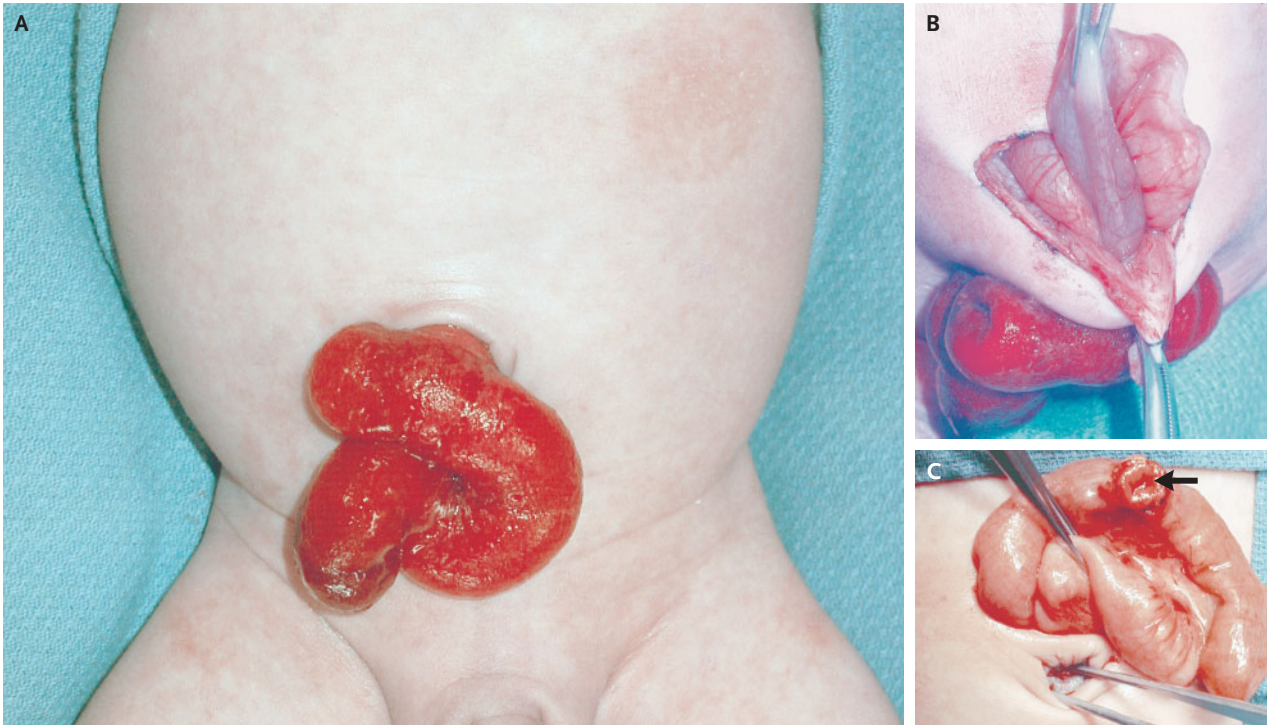


Small-Bowel Prolapse through a Persistent Omphalomesenteric Duct



A 23-DAY-OLD TERM MALE INFANT PRESENTED TO THE EMERGENCY ROOM with acute small-bowel evisceration through the umbilicus (Panel A). His parents had noted periumbilical erythema and mucus-containing umbilical drainage before the evisceration. The child was taken to the operating room, where, through a supraumbilical incision, a 10-cm length of distal ileum that had prolapsed through a patent omphalomesenteric duct was reduced (Panel B). The duct was released from the umbilicus (Panel C) and closed with sutures (arrow). Inspection of the remaining bowel revealed malrotation, which necessitated a Ladd's procedure to release peritoneal bands; an appendectomy was performed, and the bowel was replaced in an anatomical position to prevent volvulus.

Anomalies in the omphalomesenteric duct occur because of a lack of involution during the ninth week of gestation. Surgical resection of remnants of the duct is required for the treatment of bleeding, intestinal obstruction, intussusception, and as in this case, intestinal prolapse. Associated defects involving intestinal malrotation are rare.

Copyright © 2005 Massachusetts Medical Society.

Daniel F. Saad, M.D.
Kenneth W. Gow, M.D.

Emory University School of Medicine
Atlanta, GA 30322