

Neglected Omphalocele Presented as Ventral Hernia in 56-Year-Old Ugandan Female: Case Report and Review of Literature

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Abstract : Introduction: Omphalocele, an abdominal wall defect, occurs in 1 out of 4,000 to 6,000 live births. It is characterized by visceral herniation of small and large intestines, liver, and sometimes spleen and gonads are involved. The viscera is always covered by a three-layered sac. The defect in the mesoderm is mainly due to the failure of lateral abdominal wall folds to unite. About 350,000 ventral hernia repairs are done annually in the united states of America. Surgical repair with a mesh is the gold standard surgical method. With conservative management of Omphalocele, children are eventually closed between the age of 1 and 5 years. Herein, we present a late manifestation of ventral hernia following Omphalocele in a female Ugandan. Case presentation: A 56-year-old female with no known chronic illnesses and normal perinatal history presented with an umbilical swelling since birth with no associated symptoms. She is a married woman to one husband and has five children, and all of them are in good general condition with no such symptoms. She had normal vitals with an umbilical defect measuring about 20cm from the xiphoid process and 10 cm from the symphysis pubis. Surgery was done (component separation) on the second inpatient day, and it was uneventful. The patient was discharged on the 4th postoperative day in good general condition with a dry and clean surgical site. Conclusion: Despite adequate literature about Omphalocele and clear management guidelines, there have been reported cases of adult presentation of ventral hernias secondary to Omphalocele.

Keywords : omphalocele, ventral hernia, uganda, late presentation

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