Clinical Image

Giant Umbilical Cord

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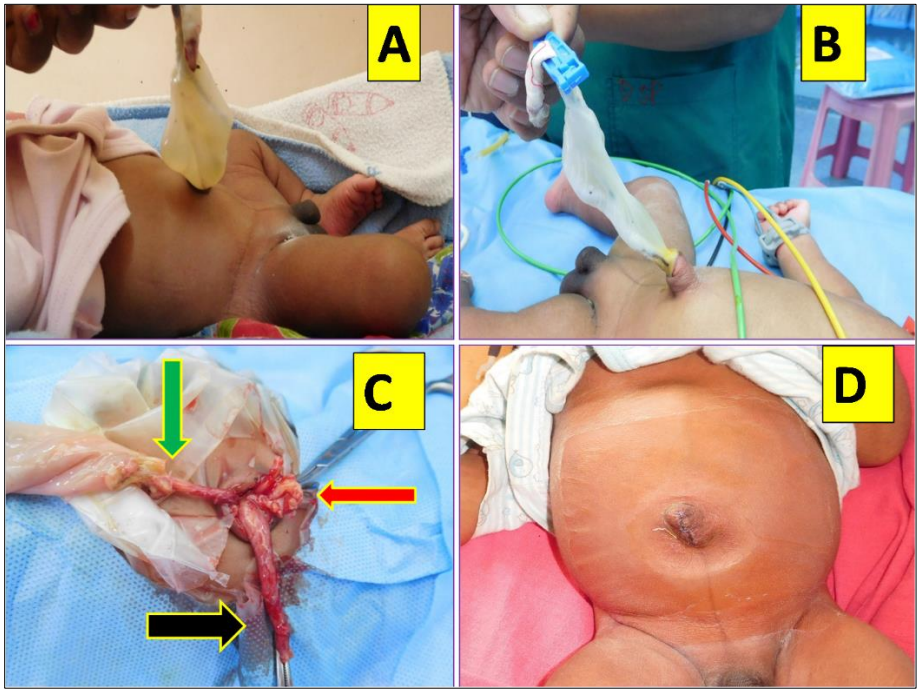

Figure 1: A & B: Clinical appearance of giant umbilical cord (GUC). C: Intra operative picture of contents of GUC. Black arrow pointing at patent urachus separated from GUC. Green arrow pointing at umbilical vein with GUC, Red arrow – pointing at two obliterated umbilical arteries. D: Umbilicoplasty

A 2-day-old male baby born by (36weeks) normal vaginal delivery to a gravida 2, mother with a birth weight of 2.3kg; was noticed to have generalised transparent swelling of the umbilical cord. Antenatal scans were essentially normal. On examination, a giant soft transparent cystic umbilical cord (10x20cm) containing clear fluid in it (Fig1. A&B), was found instead of a normal umbilical cord. Baby was exclusively breast fed, voided urine and passed meconium normally. Echocardiography revealed small ostium secundum atrial septal defect. At surgery, a giant, soft, cystic, and transparent umbilical cord containing clear Wharton's jelly, having patent urachus in it along with three umbilical vessels (umbilical vein, and two obliterated umbilical arteries), were encountered (Fig.1C). Paten urachus was traced to dome of the bladder and excised after ligation. The excessive umbilical cord length was excised, and umbilical defect was closed (Fig.1D).

Giant umbilical cord (GUC) is rare umbilical cord malformation. The differential diagnoses include; umbilical cord cysts, pseudo-cysts containing degeneration of Wharton's jelly, omphalo-mesenteric duct cysts (absence of complete obliteration of the omphalo-mesenteric duct), vascular disorders, abdominal wall defects, bladder exstrophy, hernia of umbilical cord, and urachal anomalies.[1,2] Exact etiopathogenesis of giant umbilical cord in neonates is not known yet. Tsuchida et al, proposed reflux of fetal urine into the umbilical cord via patent urachus, resulted in swelling of the contained Wharton's jelly of cord.[2] If detected prenatally, GUC should be monitored closely for possible compres-

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sion particularly at term or during labour causing fetal compromise.[1-7] GUC should be thoroughly investigated with abdominal sonography and voiding cystourethrography to rule out posterior urethral valves.[1-7] Hernia of umbilical cord can be confused with GUC; thus, the attending delivery personnel should be aware of such rare condition and it is better to apply cord clamp at some safe distance to avoid any injury to the contents. Till date 8 cases were reported on GUC.[1-7] Immediate operative exploration is mandatory to repair this unusual congenital anomaly not only for the cosmetic reasons but also for the management of persistent urachal remnant.

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Consent: Author declared that she has taken informed written consent, for publication of this report along with clinical photographs/material (if any used), from the legal guardian of the patient with an under-standing that every effort will be made to conceal the identity of the patient however it cannot be guaranteed.

Author contributions: Author has contributed fully in concept, literature review, and drafting of the manuscript and approved the final version of this manuscript.

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