135

...are required during delivery exposing the herniated contents of the ap-

...mother was born with an omphalocele (Fig. 33). The omphalocele

Fig. 33

OmPhaLOCeLE

VeIN & Artery
LMENANT OF RENAL VEIN
ColON
SMAll INTESTINE
Liver

OmPhaLOCeLE

...a premature male infant (2,500 gm). The product of an uncom-

...omphalocele
CONCLUSION

Umbilical Hernia

The umbilical hernia is a common condition that occurs in infants, often developing shortly after birth. It is caused by a weakness in the abdominal muscles, allowing the intestines to protrude through the abdominal wall. The hernia is usually small and can often resolve on its own as the child grows and the abdominal muscles strengthen. However, in some cases, the hernia may persist and require medical intervention.

DIAGNOSIS

Clinical Presentation

Umbilical hernias are usually diagnosed by a pediatrician or a surgeon. The diagnosis is often made by observing a lump or bulge in the umbilical region during a routine examination. The bulge is typically noticed by the baby's parents or caregivers.

Physical Examination

A physical examination is done to confirm the diagnosis. This may include gently applying pressure to the umbilical area to see if the lump moves or changes shape. The baby will be observed for any signs of discomfort or distress.

Medical Imaging

In some cases, imaging studies may be used to confirm the diagnosis or to rule out other conditions. Ultrasound is commonly used to visualize the intestines and determine if they are inside the hernia sac.

TREATMENT AND FURTHER COURSE

Non-Surgical Treatment

In most cases, a simple umbilical hernia does not require any treatment. It will usually resolve on its own as the child grows. However, if there is concern about the size or appearance of the hernia, a waiting period of 2-3 months may be recommended.

Surgical Treatment

If the hernia persists or becomes large, surgical repair may be recommended. This is typically done using local anesthesia and involves making a small incision in the umbilical area to remove the hernia sac. The incision is usually closed with sutures, and the area is covered with a bandage.

REHABILITATION

After surgery, the baby will be observed for signs of discomfort or infection. The bandage will be removed within a few days, and the incision will be checked for signs of healing. The baby may be discharged within a day or two, depending on the hospital's policy.

OUTCOMES

The majority of umbilical hernias resolve on their own, and the surgical repair is typically effective. However, there is a small risk of complications, such as infection or separation of the incision. Follow-up appointments are scheduled to monitor the baby's progress.

REFERENCES

flaccidity, diplopia, and globe loss.

This defect characteristically has manifestation and lack of fixation of the globe. Abnormalities are commonly associated with anophthalmic

Assessment of Abnormalities

ciliary function, and (g) temporary intumescent dislocation.

Inferior oblique cataract and the necessitate and portal system causing or
causing and subsequent permanent complications. (g) Increase in the

tension of a discrete or the dislocation with a decrease in the

Replacement of Glasses