

**EXOMPHALOS\***  
**RADICAL CURE IN AN INFANT, TWENTY MINUTES OLD**

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During the forenoon of Jan 17, 1935, a midwife bearing in her arms a newly born child was announced at the entrance to the theatre where I was carrying out a morning's list of operations. She had been sent up from the Casualty Department, as the baby, born within the past half hour, quite close to the Royal Infirmary, was found to have complete exomphalos. The child was full term and inspection showed a well-developed girl baby whose abdominal viscera were lying on the abdominal wall covered only by a transparent, Whartonian jelly-like membrane. The enormous size of the liver, which lay entirely outside the abdomen along with the whole of the small and the greater part of the large intestine, was a striking feature.



OPERATION. – The child was taken into the theatre at once, placed on the table, and without anaesthesia an attempt made to replace the viscera prior to repairing the gap in the abdominal wall. The liver was first put back, but it was then found that it was not possible to replace the intestines so these had first to be introduced and the liver afterwards. In order to carry out this replacement the gelatinous membrane had to be opened and a number of fine vascular coelomic adhesions divided, while the gap in the abdominal wall was slightly extended upwards by an incision which facilitated returning the liver. The edges of the large gap in the abdominal wall were approximated with silkworm gut through-and-through sutures. Although considerable handling of the viscera was necessary for their replacement, the child was not perceptibly disturbed and made an uninterrupted recovery. Fig. 38 shows the condition four years afterwards. There is some bulging of the ventral scar tissue between the recti and she has double inguinal herniæ, but is a bright healthy little girl apparently normal in every way.

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From New Zealand, where at 6 years of age she is now living with her parents, the latest news is that she is very well and has just started to attend school.

The latest edition of a standard textbook of surgery makes the statement that "exomphalos is merely of pathological interest."

Comment.-The object of this report is to indicate that, although such a lesion may appear quite hopeless, it is well worth performing a radical cure; and, secondly, the loosely anchored and irregularly placed viscera have not so far caused symptoms or menaced the child's existence in any way. The alimentary canal is apparently functioning normally. The inguinal herniæ call for treatment later. Lastly, a severe manhandling type of operation was easily weathered by a newborn child who exhibited no signs of shock, respiratory distress, or other complication. No doubt at this early age the child is adapted to the trauma of birth and well able to accommodate itself to what may be described as merely an extension of this trauma in the form of a major abdominal operation. Such an operation is in the nature of an artificial completion of a physiological process, incomplete because persistence of the extra-embryonic cœlom. In other words, we may say that surgical obliteration of the extra-embryonic cœlom in a newly born infant is merely a greatly accelerated physiological event brought about artificially by surgery, to which the developing child is already adapted and to which therefore it presents little reaction.