

A Rare Case Report on Giant Umbilical Cord

Kaveri Hulyalkar¹, Mahadev P Mangane², Puja Pathak³, Rohit⁴

Author Affiliation: ¹Assistant Professor and Consultant, Department of Kaumarabhritya, KLE Ayurveda Hospital and Medical Research Centre, Belgaum 590003, Karnataka, ²Assistant Professor and Consultant, Department of Kaumarabhritya, NKJ Ayurvedic Medical College, Bidar 585403, ³First year PG Scholar, ⁴Final year PG Scholar, Department of Kaumarabhritya, KLE Ayurveda Hospital and Medical Research Centre, Belgaum 590003, India.

Corresponding Author: Mahadev P Mangane, Assistant Professor and Consultant, NKJ Ayurvedic Medical College, Bidar 585403, India.

E-mail: drmahadevmangane@gmail.com

Abstract

The giant umbilical cord is a rare malformation of the umbilical cord that can easily be diagnosed on prenatal scans and is unmistakable postnatally that requires usually surgical repair here by we are reporting the a case report to highlight issues of this rare finding.

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Introduction

The giant umbilical cord is defined as the diffuse enlargement of the umbilical cord beyond 5 cm in diameter in thesecond trimester and beyond. A point to note with this giant umbilical cord was the normal vasculature and no visible anomalies.

Case Detail

A single live full term male baby delivered through LSCS on 23/12/2019 at 5.23 pm. Baby cried immediately after birth amniotic liquor was clear No any obvious congenital anomalies were seen except large umbilical cord and was uneventfully legated. Birth weight of the baby was 3.56kg Routine care was done. Inj.Vitamin K 1mg and Inj. Hepatitis B 0.5ml IM given. An abdominal ultrasound reported air tracking in the urachus remnant and the micturating cysto urethrogram was normal.



Fig. 1



Fig. 2



Fig.3



Fig.4

Fig. 1: Giant Umbilical Cord After Cut, **Fig. 2:** Whole Umbilical cord with Vessels, **Fig. 3:** Umbilical cord Measuring 15cm× 10cm, **Fig. 4:** Umbilical cord after 6 Hours.



Discussion

GUC (cord > 5 cm in diameter) is rare. English literature. Accurate embryological explanations for GUC remain elusive. The delayed leakage of urine from the umbilical stump in early reports¹ has resulted in management akin to patent urachus.² So most authors have chosen to investigate the newborns for lower urinary tract anomalies.^{13,4} Interestingly, none of the cases were associated with lower urinary tract anomalies, leading us to question the need for invasive investigations in newborns. Furthermore, prospective data are beginning to emerge supporting conservative management of patent urachus in newborns.⁵ In summary, most GUCs appear to be harmless, associated with normal urinary tracts and hence may not warrant investigations and/or pre-emptive intervention in the newborn period in the absence of abnormalities in the urinary system on antenatal ultrasonography. In this case baby having Umbilical Sepsis And Managed with Convention antibiotics.

Conclusions

GUC is easily diagnosed prenatally and is obvious post nately. The pathogenesis of GUC should be considered, leading to a very restricted differential diagnosis.⁶

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