

Giving birth to half a body: A case report

Yap Yee Jean, Hii Ling Yien, Soon Ruey

Department of Obstetrics and Gynaecology, Sabah Women and Children's Hospital, Kota Kinabalu, Sabah, Malaysia

ABSTRACT

Introduction: Body Stalk Syndrome is a rare lethal malformation resulting in the evisceration of thoracic and/or abdomen contents in a sac adherent to the placenta, absent/very short umbilical cord (<10 cm), often with limb abnormalities and severe kyphoscoliosis. Prevalence ranges from 0.4-3.2 per 100,000 live births. **Case Description:** This is a case of a 20-year-old, nulliparous lady, referred to our MFM clinic at 24 weeks of pregnancy, due to difficulty obtaining an abdominal circumference of the fetus. Obtained images of our detailed scan revealed the fetus' spine was formed only until the thoracic region, bowel, liver and kidneys were floating outside the abdominal cavity, with abnormal orientation of short limbs, and marginal cord insertion with no doppler uptake. These findings were consistent with body stalk anomaly. Patient opted to terminate the pregnancy. Neonatal examination confirmed our ultrasound findings along with only half of the body formed, ambiguous genitalia, and inability to identify the umbilical cord. **Discussion:** The 3 major theories regarding pathogenesis are possible early amnion rupture before obliteration of coelom, failure of embryonic body folding during the transformation of the trilaminar embryo, and vascular compromise in early gestational weeks causing inadequate closure of the abdominal wall. Differential diagnosis includes amniotic band syndrome, Caudal regression syndrome and Pentalogy of Cantrell. Karyotyping of fetuses affected are typically normal. Body Stalk Syndrome is a lethal disease, and priority would be placed on early detection via ultrasound, careful maternal counseling with consideration for early termination of pregnancy.

Shoulder dystocia: A review on incidence, perinatal risk factors and outcome

Nur Farihan Mukhtar, Amanina Syamim Ahmad Nazli

Department of Obstetrics and Gynaecology, Hospital Tuanku Fauziah, Kangar, Perlis, Malaysia

ABSTRACT

Introduction: Shoulder dystocia (SD) is one of the suspenseful obstetric emergencies that requires skillful obstetric team to manage. We aim to determine the incidence rate of SD cases, describe the neonatal and maternal outcome of SD, determine the association of selected measures with maternal diabetic status, and determine the predictive risk factors of developing maternal complications following SD. **Methods:** All SD cases delivered at Hospital Tuanku Fauziah, Perlis from 1 January 2016 till 31 December 2021 were identified and analysed. Descriptive statistics were employed for selected variables, presence of association was determined with independent t-test, and multivariate analysis with logistic regression was performed to determine the predictive factors to maternal complications following SD. **Results:** A total of 82 clinical records were analysed. Annual incidence of SD ranged between 0.26-0.55%. Mean maternal age was 30.2±5.23 years old and mean gestational age was 39.0±1.04 weeks at delivery. The babies' mean weight was 3.75±0.37 kg. Majority of the cases had no associated maternal complications (78.1%), followed by uterine atony (13.4%), 3rd/4th degree perineal tear (6.1%) and extended perineal tear (2.4%). Similarly, majority of the babies had no complications following SD (91.5%). We found that gestational age at delivery ($p<0.001$), maternal weight at booking ($p=0.001$), and previous baby weight ($p=0.008$) were significantly associated with maternal diabetic status. However, we did not observe any predictive factors to maternal complications following SD. **Conclusions:** The SD incidence rate in our centre was comparable to other healthcare facilities. Timely management of SD is important to avert complications.