

**Body Stalk Anomaly:
a rare lethal fetal anomaly, rarely
reported in a dichorionic diamniotic
twin pregnancy**

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**I have no conflict of interest
to disclaim**

Clinical presentation

- 49 y.o. 37+2 weeks
- Dichorial diamniotic pregnancy
- G₄ P₁₊₁ 1 pregnancy loss in anamnesis, not further investigated
- No genetic syndromes reported in the family
- Severe abdominal wall anomaly known since first ultrasound examination

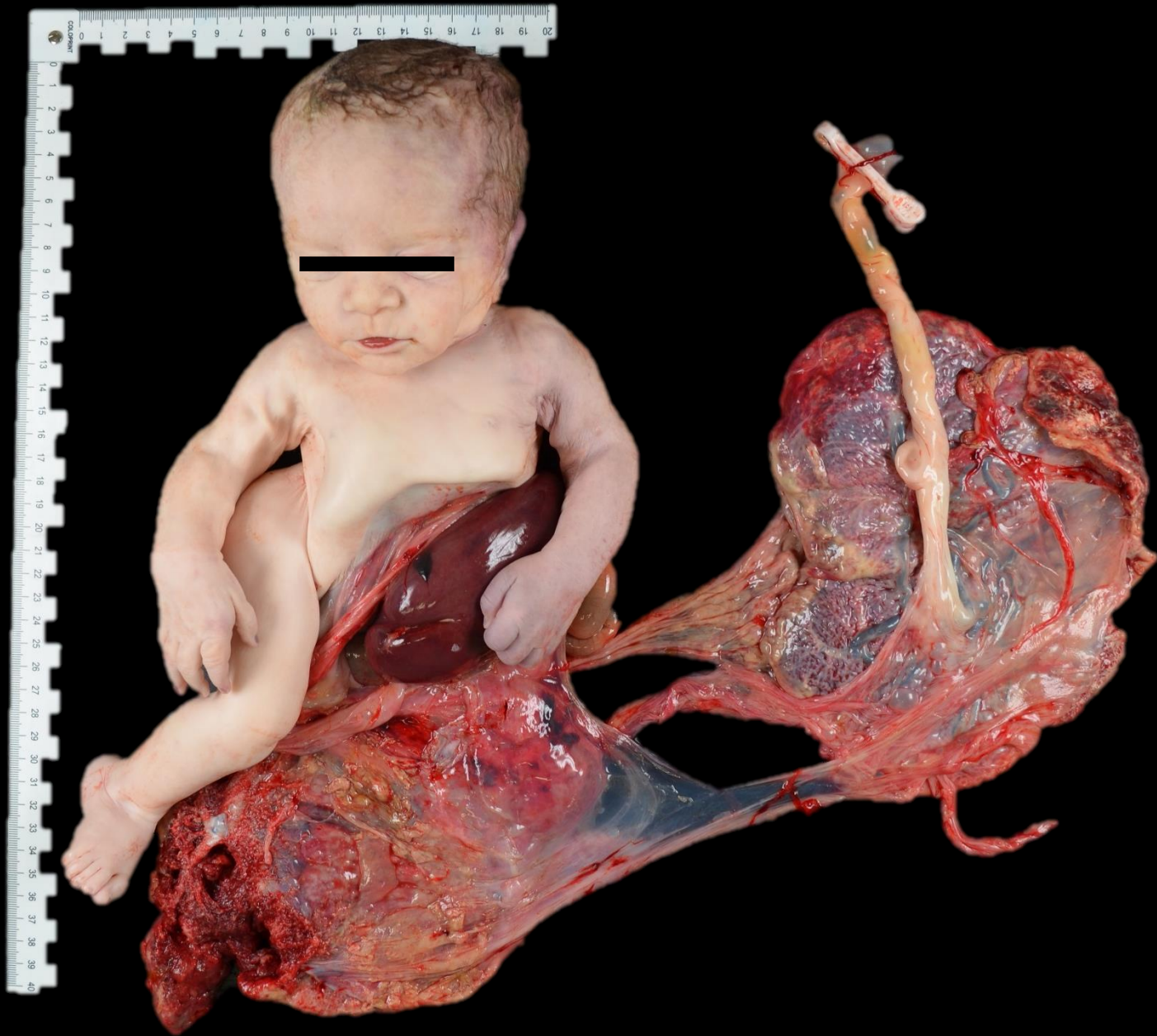
Clinical presentation

- APGAR
 - child 1: 8/10/9 (2640 g; CRL 49 cm)
 - child 2 (affected): 1/1/1 (1940 g; CRL 42 cm)
- affected child died 100 minutes after birth under palliative support



Examination of the placenta

- Sane child: eutrophic placenta (481 g) with correct differentiation
- Affected child: Ipotrophic placenta (383 g) with correct placental differentiation, single ombelical artery
- Choroamnionitis was excluded



BSA is defined by:

- Lack of abdominal wall
- Abdominal organs lie in a sac of amnioperitoneum
- Fetus attached directly to the placenta by lack or very short umbilical cord
- Generally not associated to genetic anomaly

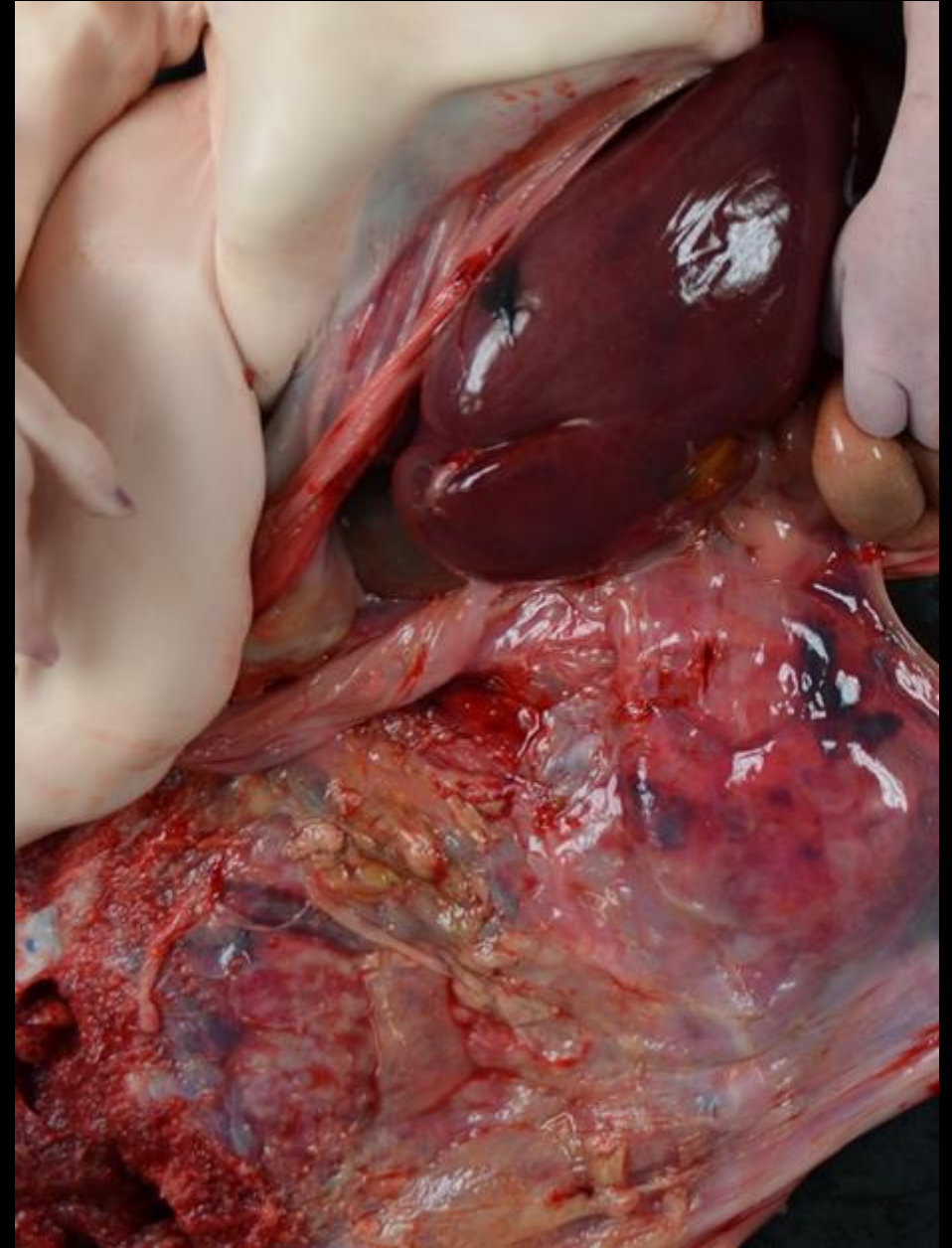
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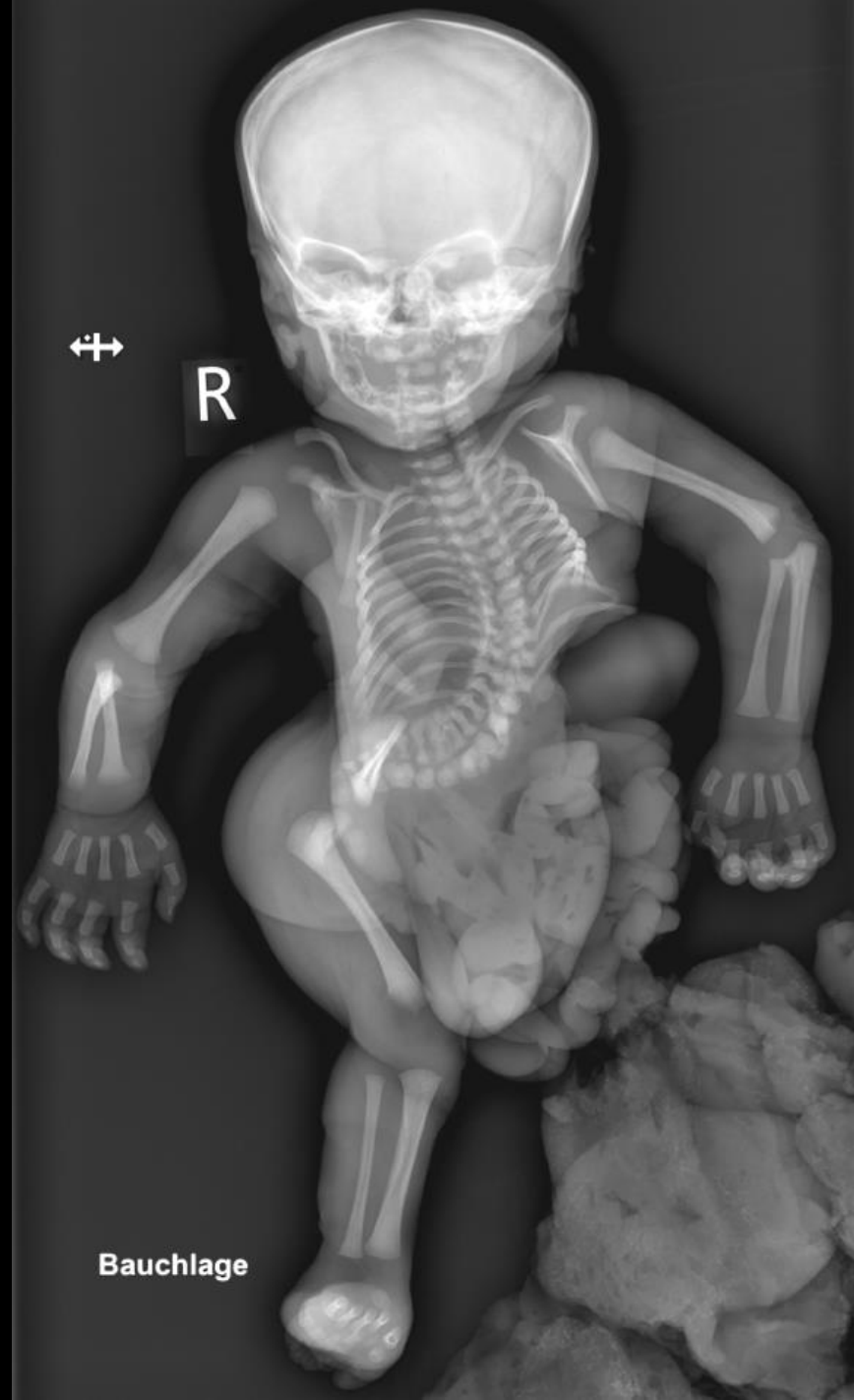
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not further inquired,
parents refused
genetic counseling



↔

R

Bauchlage

Autopsy

- Male child with hypotrophic external genital organs and regular development of testicles
- Anal atresy
- Single kidney
- No congenital heart disease

Body-stalk syndrome in the literature

Surg Today. 2007;37(1):30-3. Epub 2007 Jan 1.

Long-term survival of a baby with body stalk anomaly: report of a case.

Kanamori Y¹, Hashizume K, Sugiyama M, Tomonaga T, Takayasu H, Ishimaru T, Terawaki K, Suzuki K, Goishi K, Takamizawa M.

- Rarest abdominal wall defect
- Almost invariably lethal
- Associated to various abnormalities of neural tube and internal organs.
- Generally not associated to genetic abnormalities
- Causal mechanism unclear

Clinical-ethical aspects

- It is important to distinguish a body stalk anomaly from other types of anterior abdominal wall defects: a body stalk anomaly is sporadic and not associated with chromosomal abnormalities.
- It is important to detect it as early as possible to give parents the option of early termination or adequate psychological and medical support to whom decide to allow the pregnancy to proceed without interruption.

**Thanks for your
attention!**