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 placentar 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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not further inquired, parents refused genetic counseling
Autopsy

• Male child with ipotrophic external genital organs and regular development of testicles
• Anal atresy
• Single kidney
• No congenital heart disease
Body-stalk syndrome in the literature

- 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!