Introduction

A 17-year-old Syrian women visited with diagnosed fetal gastroschisis in local obstetric clinic at 16+2 weeks of gestational age (GA). Parity was 1-0-0-1 (0,1). Ultrasonographic examination showed just gastroschisis. After that time, she did not follow up in our obstetric department.

At 32+2 weeks of GA, she got back with a fetus showing intra-abdominal bowel dilatation, up to 3.89 cm, and increased echogenic and not peristaltic movement in gastroschisis bowel.

At 35+4 weeks of GA, ultrasound showed round sacked of echogenic gastroschisis with no bowel movement, just like omphalocele. And decreased intra-abdominal bowel dilatation with increased echogeticity, suspicious meconium peritonitis combining bowel rupture.

At 36+0 weeks of GA, she visited delivery room with regular uterine contraction and dilated cervix with 8cm.

She had emergency cesarean section and delivered a female baby with weight of 2.410gm, Apgar score of 6/1min, 8/5min.

The baby had operation and got correction of intestinal abnormalities. The final diagnosis was complicated gastroschisis covered by inflammatory sac, with jejunal atresia, type IIIa and intestinal malrotation.

Conclusion

It is important to monitor the peristaltic movement and echogenicity of the fetal bowel together with dilatation, as a marker of perinatal outcome of the fetus with gastroschisis and other bowel abnormalities.