



An infant with umbilical hernia

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Introduction

Umbilical hernias are common in infants. Family physicians should know its presentation, the red flags and the natural course of the condition and advise the parents accordingly.

The Case

A 49-day old infant girl born at 36 weeks maturity was brought by her mother to a GOPC for an umbilical swelling noted since a few days ago. It was more obvious when the baby was crying. The infant also had repeated vomiting for the past 1 week, the onset time can be up to 3 hours after feeding. She had no fever, but was more irritable than before. She had normal bowel opening and urination. Physical exam showed an umbilical hernia. The infant was well perfused. In view of the repeated vomiting, she was referred to the hospital.

Result

The infant was admitted through the emergency department. After admission, she vomited twice without bilious fluid. She had normal bowel opening and her umbilical hernia was reducible. Over-feeding was noted upon further enquiry with the parents. She was discharged with follow up.

Discussion

Around 20% of babies are born with umbilical hernias. The condition is usually detected during newborn examination. The majority (90%) of the umbilical hernias present during infancy will naturally close by the child's 5th year of age. Surgical intervention earlier than that is required only in a minority of patients such as i) strangulated hernia, ii) large, trunk-like hernias without any decrease in size of the umbilical ring defect over the first 2 years of life, iii) hernias associated with genetic and syndromic conditions such as Ehlers-Danlos syndrome, Down syndrome, hypothyroidism, trisomy 18, etc., or those with ascites or undergoing peritoneal dialysis (since these are less likely to have spontaneous closure), iv) behavioral concerns (eg. poor feeding, pulling on the hernia, bullying, and shame).

Conclusion

Family physicians should note the red flags in patients presenting with umbilical hernia. In stable cases, the natural course of the condition and its management should be conveyed to the parents to alleviate any unnecessary worries.

Reference

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