SUMMARY& CONCLUSION

Congenital abdominal wall defects must not be neglected in the field of pediatric surgery, as these defects represent a significant proportion of birth defects in newborns, when compared with other congenital anaomalies, such as undescended testicle in males or ovarian cysts in females.

So necessary to those interested in this field to search first in embryonic development and normal anatomy of the anterior abdominal wall and its relation to the internal organs of the digestive system and urinary bladder and study of the physiological functions before and after birth and their relationship with their development.

In this essay, I mentioned the causes, the most important symptoms, the incidences and the most important recent methods of treatment in a way more detailed than other birth defects, with a quick comparison of the similarities and the differences between Omphalocele (Exomphalos) and Gastroschisis.

There are different causes of abdominal wall defects either congenital or acquired. The congenital causes can be divided into umbilical hernia, Omphalocele (Exomphalos) and Gastroschisis.

It was found that when carbimazole and mithamazole are taking by the pregnant mother either alone or together, especially in the first months of pregnancy, they have great effect in the development of congenital abdominal wall defects.

It should be noted that there is a group of symptoms (syndrome) associated with congenital abdominal wall defects such as Beckwith Weidman syndrome, chromosomal anomalies as multi-triple in the numbers of chromosomes 13, 18, and 21.