

Summary and conclusion

Umbilical hernia is common medical condition affecting all age groups; infants, children and adults however complications are not so severe so patient neglect the condition so either cured spontaneously in children or require surgical intervention.

Prenatal diagnosis of exomphalus and gastroschisis can be achieved by ultrasonography which is the most reliable examination while, biochemical studies as measuring the ratio of acetyl-cholinesterase and pseudocholinesterase density in amniotic fluid are not reliable as it give false negative and false positive results.

The patient with omphalocele and gastroschisis is considered as a critical one and intensive care must be offered to him. Preoperative preparation should be directed mainly to correct hypothermia, metabolic acidosis and dehydration and to guard against infection. The patient must be carefully examined for other associated anomalies.

Several methods for treating omphalocele and gastroschisis, and choice of the method is determined by the general condition of the patient, the presence of associated anomalies, the size of the abdominal wall defect and the capacity of the sac.

Primary fascial closure of the defect if possible is the best method, trials to cover the eviscerated mass by skin flaps only are tried, leaving a ventral hernia that will be treated later.

In giant omphalocele gradual reduction of the herniated mass is done by using prosthetic sheet and fascial repair after complete reduction, also using tissue expander for later reconstruction.

The use of truss is not advisable in treatment of umbilical hernia in children and adults due to skin inflammation and strangulation and surgery is the main line of treatment which was tried since down for treating the condition.

Mayo's repair was done at 1898, with different techniques have been described to deal with the hernia, however, the high incidence of recurrence, inspite of different techniques were used, gives no conclusive method of repair.

Anatomical repair of the defect with darning with the use of interrupted sutures of non absorbable suture is done in small and medium size hernial opening with assessment for removal of umbilicus and fat to facilitate the repair is another line of treatment.

The use of fascia lata graft is used to close large defects, although fascia lata gives better results with low incidence of recurrence is not a popular method of treatment.

Mesh repair have given a choice of treatment to strengthen the weak abdominal wall and so provide an apron of closure of the defect so it produce a good method for repair and for its easy application and low complication rate was considered a conventional method of hernioplasty.