# Amniotic band sequence: A case report

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**ABSTRACT**

**Introduction:** Amniotic band sequence (ABS) is a rare disorder consisting of a spectrum of congenital anomalies that occur in association with strands of the amniotic sac that separate and entangle the limbs, digits, or parts of the body. The prevalence of ABS ranges from 1:1,200 to 1:15,000 live births and 1:70 stillbirths, affecting both genders equally. The aim of this report was to highlight the diagnostic difficulties of this rare pathology and therapeutic approach in newborns with ABS. **Case Description:** We report a case of a postnatal diagnosis of amniotic band sequence in a 26-year-old female patient at 38+1 weeks gestation with an uncomplicated pregnancy, who had an elective lower segment caesarean section for breech presentation. Examination of the newborn showed multiple constrictive rings over the fingers of both hands. **Discussion:** The etiology of ABS is widely unknown in most cases. There are 2 leading theories proposed for the pathogenesis of ABS – intrinsic and extrinsic models. The intrinsic theory, proposed by Streeter in 1930 – suggested that the anomalies and the fibrous bands are caused by an intrinsic defect in the embryo and perturbation of the developing germinal disc. Torpin described the extrinsic theory in 1965 – proposed that birth defects were caused by rupture of the amnion in early pregnancy. ABS can be diagnosed prenatally by ultrasound and postnatally by physical examination. The mainstay of ABS therapy is primarily surgical with individualized approach to every case depending on the severity of the fetal abnormalities.



# A dubiety cord and its dilemma

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**ABSTRACT**

**Introduction:** Umbilical cord haemangioma is a rare benign vascular tumour. It has been reported to have association with congenital anomalies, intrauterine death, and increased perinatal mortality. Therefore, detection during antenatal scan is important to assist in fetal well-being monitoring and decision for delivery. **Case Description:** We report a case of a 26-year-old, primigravida with umbilical cord mass detected at 26 weeks of gestation. During antenatal scan, there was a hypoechogenic mass measuring around 4 cm in length, surrounding umbilical arteries. Fetal parameters were otherwise appropriate for gestational age, with no other fetal structural abnormalities seen. Caesarean section was planned at 34 weeks, in view of the risk of intrauterine death. However, delivery was delayed to 35 weeks as the patient contracted COVID-19 infection. A healthy baby weighing 2.55 kg was born via caesarean section. Inspection of the umbilical cord revealed a 4 cm mass at the proximal part of the cord, with dilatation seen distal to the mass. On day 1 of life, the baby underwent umbilical cord exploration, excision of giant umbilical cord and umbilicoplasty. Histopathological examination was reported as umbilical cord haemangioma. The baby is well at 3 months old. **Discussion:** Prenatal suspicion of umbilical cord haemangioma is crucial in order to reduce the risk of perinatal morbidity and mortality. Timing of delivery remains a dilemma, as there is lack of consensus on its optimal management.