

## Patent Omphalomesenteric Duct

Zuhair Omran Easa<sup>1</sup> and Rana F. Shitran<sup>2,\*</sup>

<sup>1</sup>Department of Pediatric, College of Medicine, University of Kerbala, Kerbala, Iraq

<sup>2</sup>Department of Pediatric, College of Medicine, University of Anbar, Ramadi, Anbar, Iraq

(Received : 15 January 2022; Accepted : 10 February 2022; First published online: 20 February 2022)

DOI: [10.33091/amj.2022.174533](https://doi.org/10.33091/amj.2022.174533)

© 2022, Al-Anbar Medical Journal



**A** full-term newborn male, a product of elective cesarean section, presented with drainage of meconium from the umbilical stump within the first few minutes of life (Panel A). Otherwise, the newborn was healthy and doing well with no dysmorphic features. No abnormalities were found on the abdominal ultrasound. The diagnosis of patent omphaloenteric duct was made. The newborn was brought to the theater and the patent duct was resected on the fourth day of life. A postoperative period passed smoothly without complications (Panel B). The vitelline duct, vitellointestinal duct, yolk stalk, or the omphalomesenteric duct are synonymous with the omphaloenteric duct. The omphaloenteric duct is a long and narrow tube emerging at the end of the 4th intrauterine week. It connects the yolk sac to the lumen of the fetus midgut during development. It carries an incidence of about 2% of the population. In the 9th week of gestation, the duct is fully obliterated. Vitelline fistula occurs when the duct fails to close. This ends with umbilical drainage of meconium. Treatment is surgical resection of the duct.

\* Corresponding author: E-mail: [rana.fahmi85@yahoo.com](mailto:rana.fahmi85@yahoo.com)  
Phone number: +9647800530787