

# Giant Umbilical Cord with Pericentric Inversion of Chromosome 9: A Case Report

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## Abstract

A giant umbilical cord is a rare malformation of the umbilical cord. We report the case of a term male newborn with a 25\*5cm umbilical cord and pericentric inversion of chromosome 9 [inv(9)(p12q13)] associated with a patent urachus, which required surgical repair.

**Keywords:** Chromosome Inversion; Giant Umbilical Cord; Operative Exploration; Patent Urachus

## Introduction

A giant umbilical cord is a rare anomaly of the umbilical cord that can easily be diagnosed on prenatal scan. This malformation can present as a cyst in the umbilical cord antenatally, whereas the most common symptom is leakage of urine from the umbilicus postnatally. Although it is rare, operative exploration must be performed to repair the associated urachal remnant [1]. Here, we report the case of a new born with a diffuse giant umbilical cord and pericentric inversion of chromosome 9.

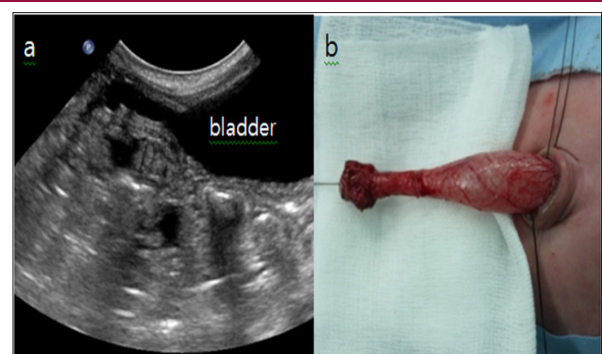
cystic changes in the umbilicus, and chromosomal examination of amniotic fluid conducted in the 20<sup>th</sup> week of gestation showed 46, XY, inv (9) (p12q13). However, fetal development was progressing successfully. At delivery, the infant presented with a diffuse giant umbilical cord measuring 25cm in length and cm in diameter with a glistening surface and hydropic consistency (Figure 1). No abdominal contents were noted within the cord. The cord was clamped approximately 30cm from the abdominal wall, where it became thinner. Ultrasonography conducted when the infant was 2 days old showed a probable connection between the umbilicus and bladder, which was confirmed by a fistulogram.



**Figure 1:** a. Prenatal ultrasonography image in the 34th week of gestation showing the dilated umbilical cord with edema  
b. Postnatal findings of the neonate with a diffuse giant umbilical cord.

## Case Report

A male infant weighing 2420g was born at 36 weeks of gestation by cesarean section to a 31-year-old mother. The Apgar scores were 9 and 10 at 1 and 5 minutes, respectively. Routine ultrasonography conducted in the 16<sup>th</sup> week of gestation showed



**Figure 2:** a. Ultrasonography showing a connection between the umbilicus and bladder  
b. Surgical resection performed on the 16th day of life (dissected and everted patent urachus).

The dried umbilical stump detached after 14 days, but a granulomatous structure remained, and persistent umbilical fluid

loss from the clamped umbilicus indicated urine leakage. Operative exploration was conducted via an infra umbilical incision when the infant was 16 days old. The umbilical cord was contiguous with aurachal remnant (Figure 2). Excision and repair of the urachal remnant was completed. Histological examination of the umbilical cord confirmed the presence of focal edema with no epithelial lining. On postoperative day 9, a fistulogram showed no evidence of leakage in the bladder. The infant was discharged in good health, and all follow-up examinations were normal.

## Discussion

A review of the literature showed that the finding of a giant umbilical cord is a pathognomonic sign for the presence of a patent

**Table 1:** Summary of prior reports associated with giant umbilical cords.

Reference	Number of cases	Gestational age	Size	Associated anomaly	Chromosomal study
Chantler C et al. [1]	1	36 weeks	L = 40cm; W = 360g	Patent urachus fused with umbilical artery	Unknown
Tsuchida Y et al. [2]	1	unknown	D = 4.5cm; L = 30cm	Patent urachus	Unknown
Ente et al. [3]	2	unknown	1) D= 5cm; L = 40cm 2) unknown	Patent urachus	Unknown
Nobuhara et al. [4]	1	Full term	D = 5cm; L = 30cm	Patent urachus	Unknown
Wildhaber et al. [5]	1	39 weeks	D = 3cm; L = 28cm	Patent urachus	Unknown
Schaefer et al. [6]	1	38 weeks	D = 8cm; L = 50cm	Patent urachus	Unknown

Therefore, close clinical observation is necessary since continuous urinary loss from the umbilicus serves as a clinical indicator or persistent urachus. To our knowledge, cases of a giant umbilical cord with pericentric inversion of chromosome 9 have not been previously reported. Pericentric inversion in the heterochromatic region of chromosome 9 [inv (9), inv (9) (p11q13), or inv (9) (p12q13)], is the most common found in the human karyotype [7]. Although it is categorized as a minor chromosomal rearrangement that is not correlated with abnormal phenotypes, this inversion has often been reported to be associated with mental retardation or multiple congenital anomalies [8,9]. A high frequency of inv (9) (p12q13) was detected in children with dysmorphic features and congenital anomalies [10]. From our experience with this rare anomaly, we recommend that chromosomal examination along with immediate operative exploration be conducted for infants born with a giant umbilical cord. Further, imaging studies for patent urachus are also essential.

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