Påskeegg # 6

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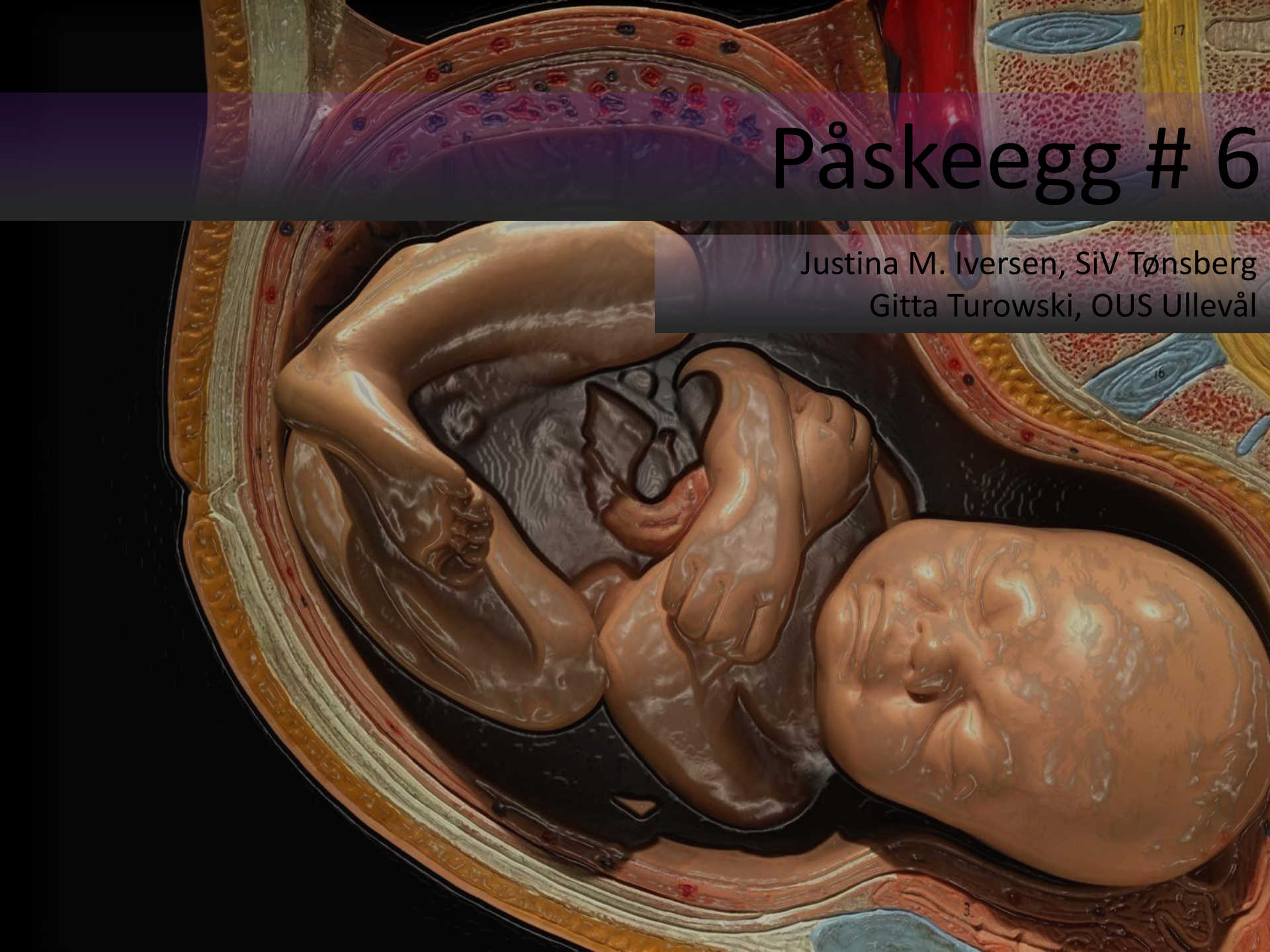
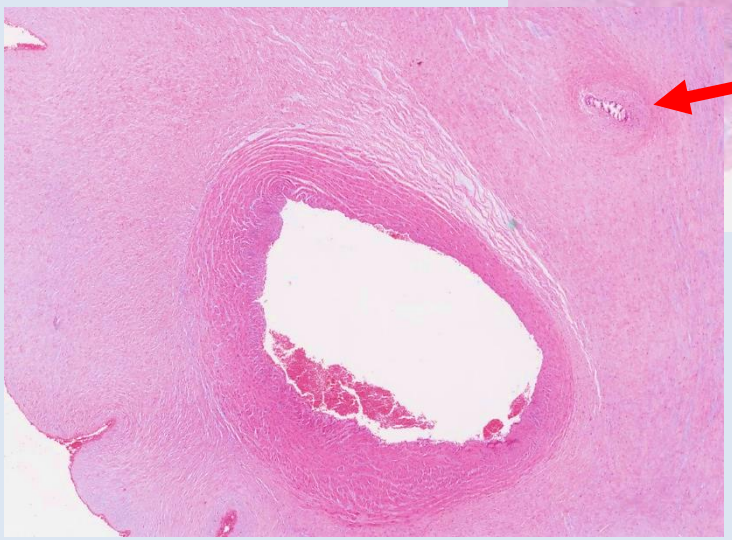
Gitta Turowski, OUS Ullevål

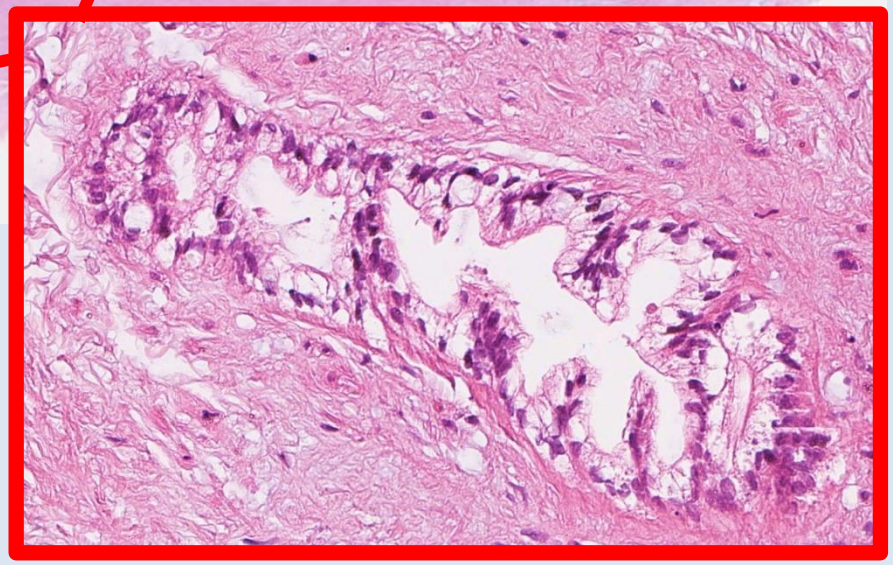


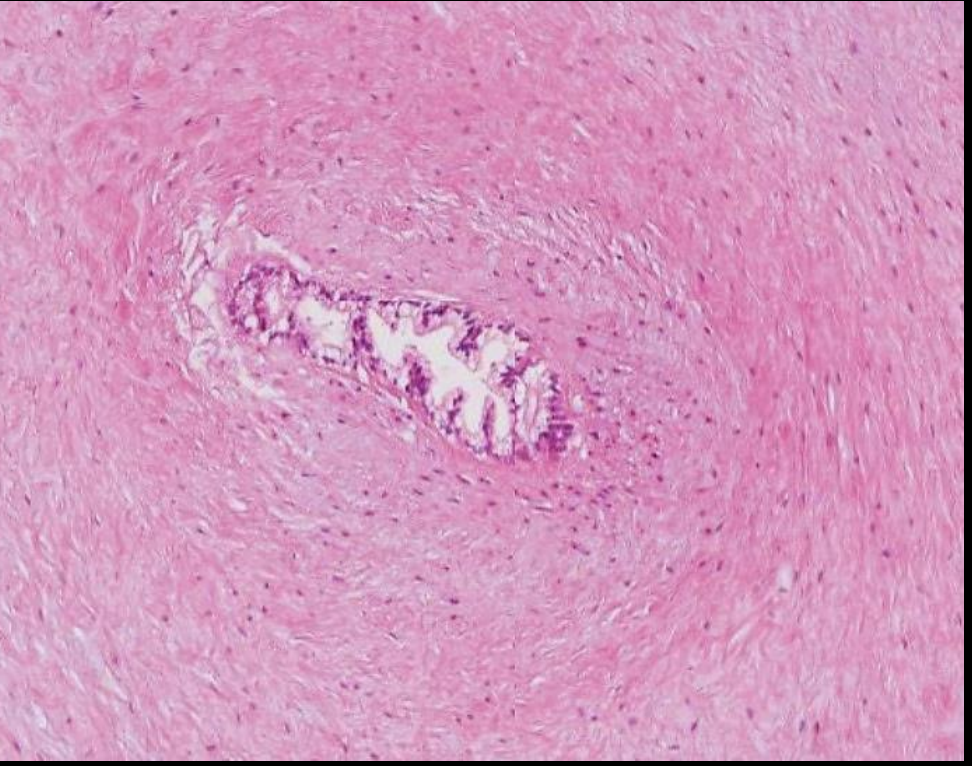
Klinisk historie

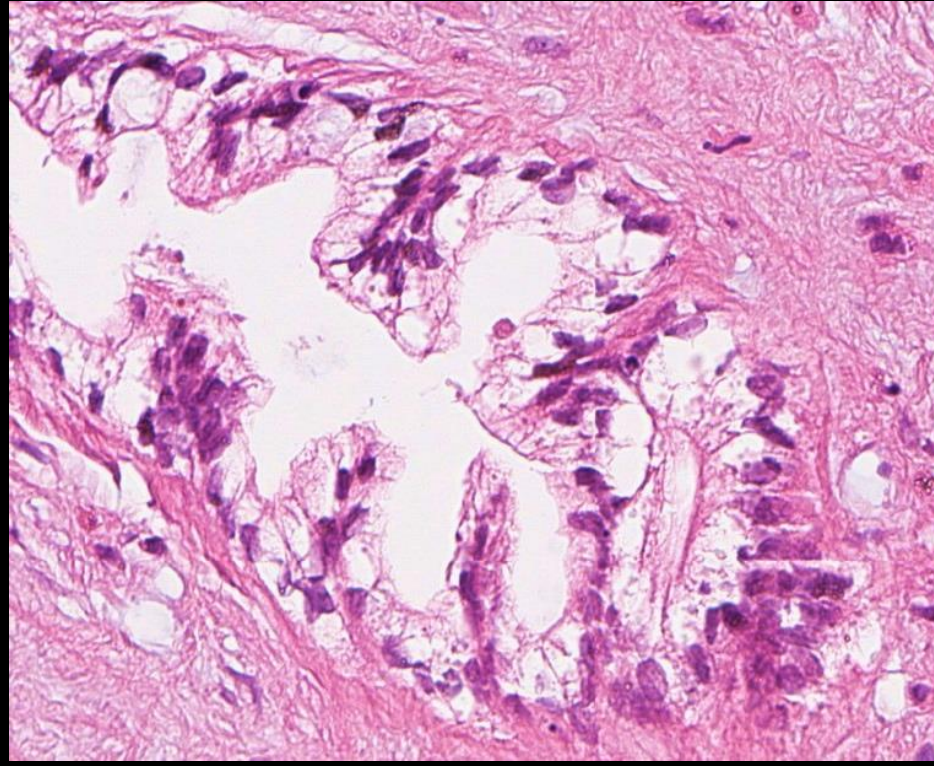
- G1 P0
- Gravid i uke 41+1
- Patologisk CTG
- Indusert
- Barn: ca 3000g
- APGAR: 7-10-10
- SUA

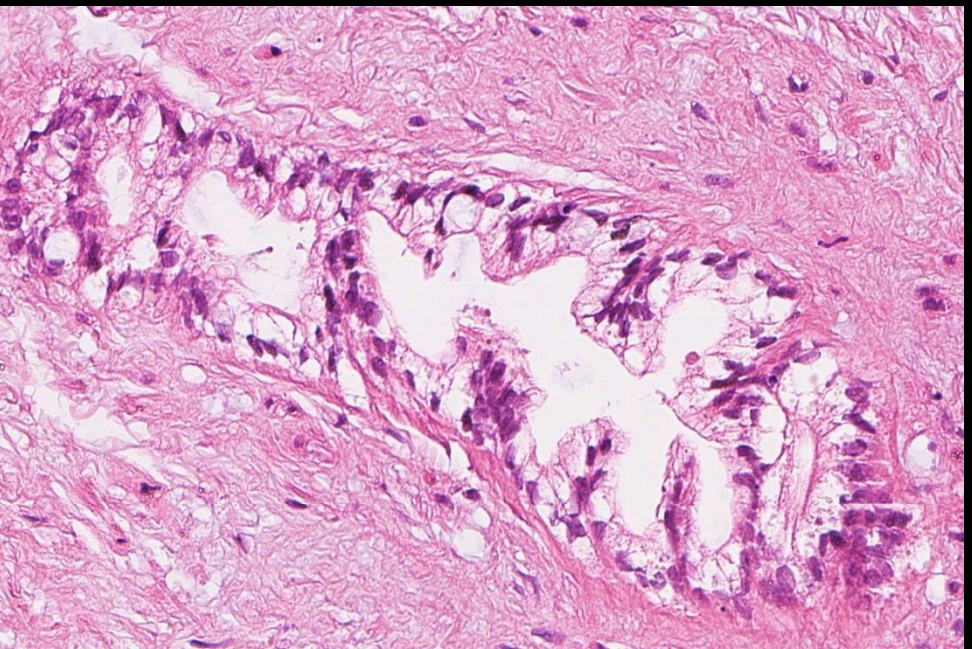
Uke 41+1	Funn	P 10	P 50	P 90
Nettovekt i g	362	415	515	650
Areal i cm2	177	200	266	314
Navlesnor i cm	23			
annet	SUA, 2-3 tvinninger, små infarkter			

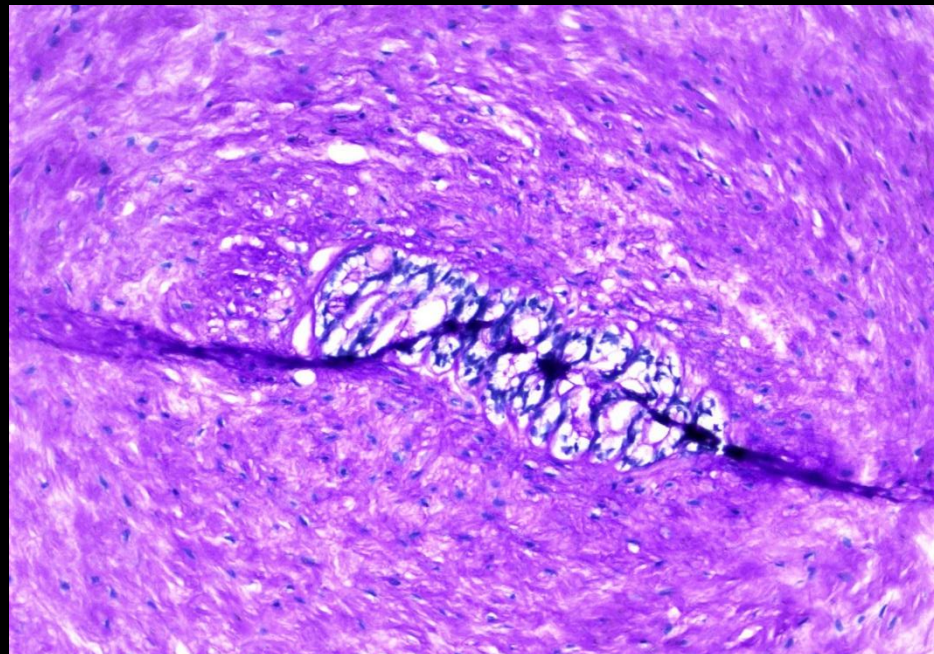


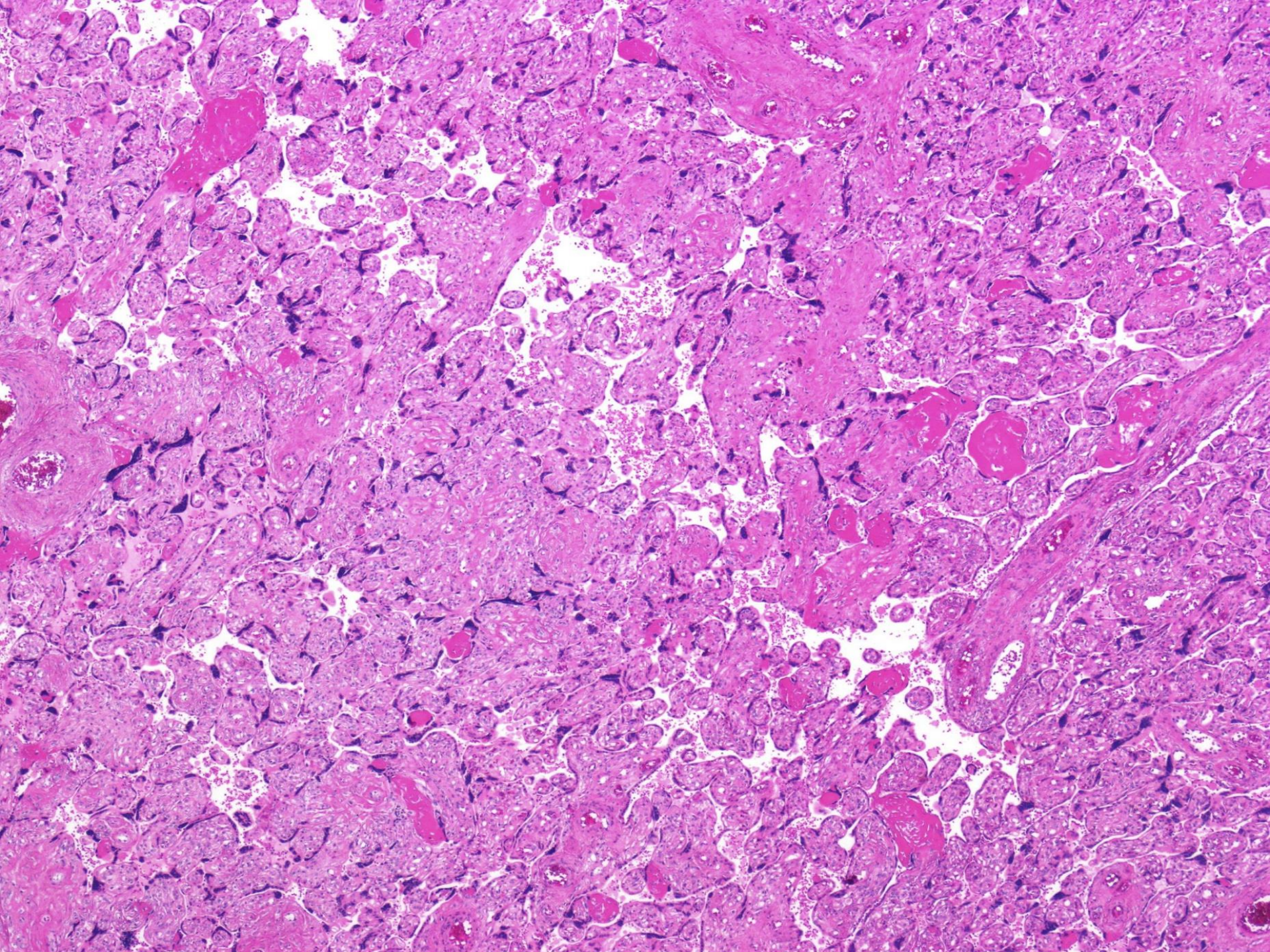


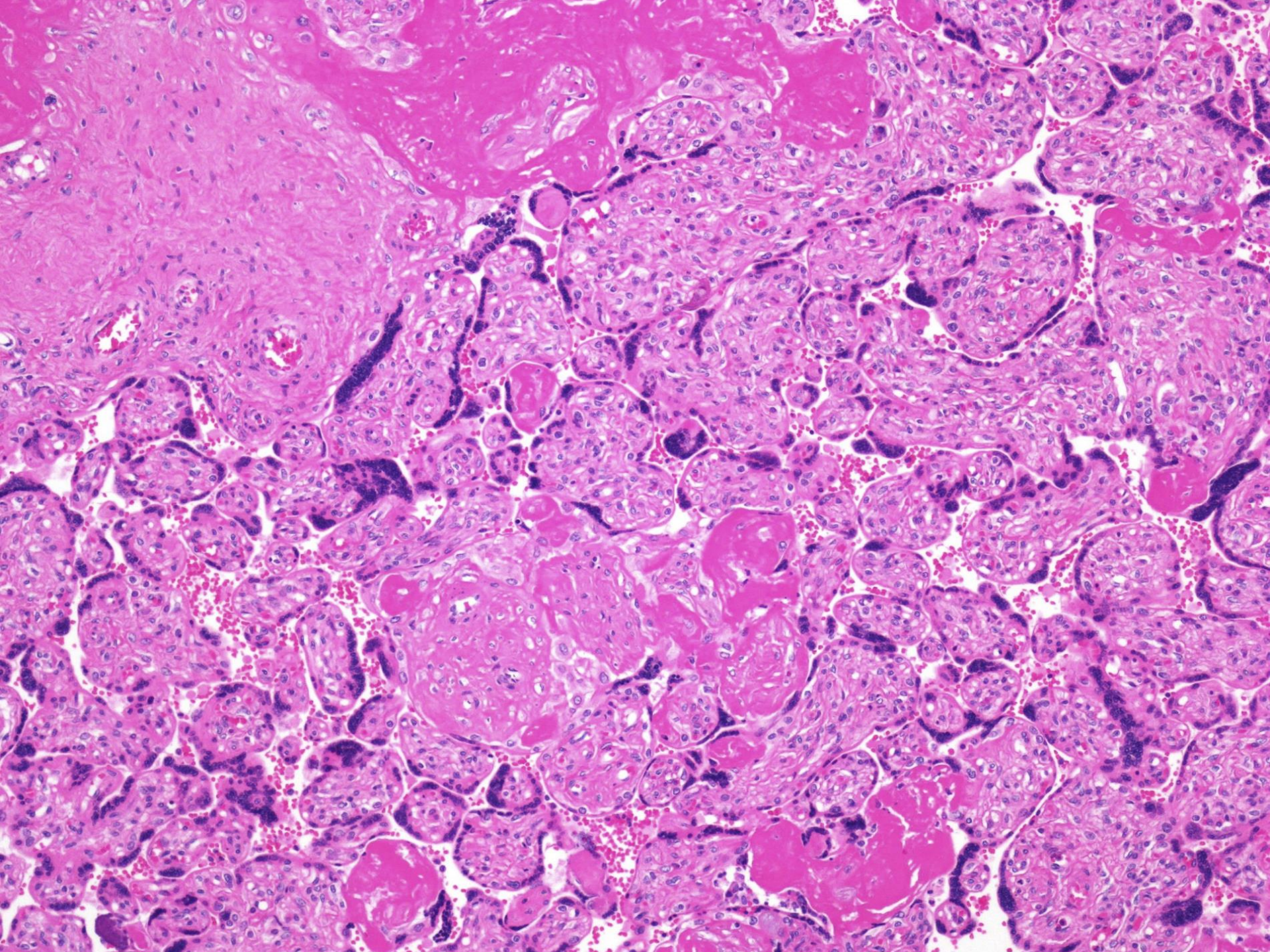


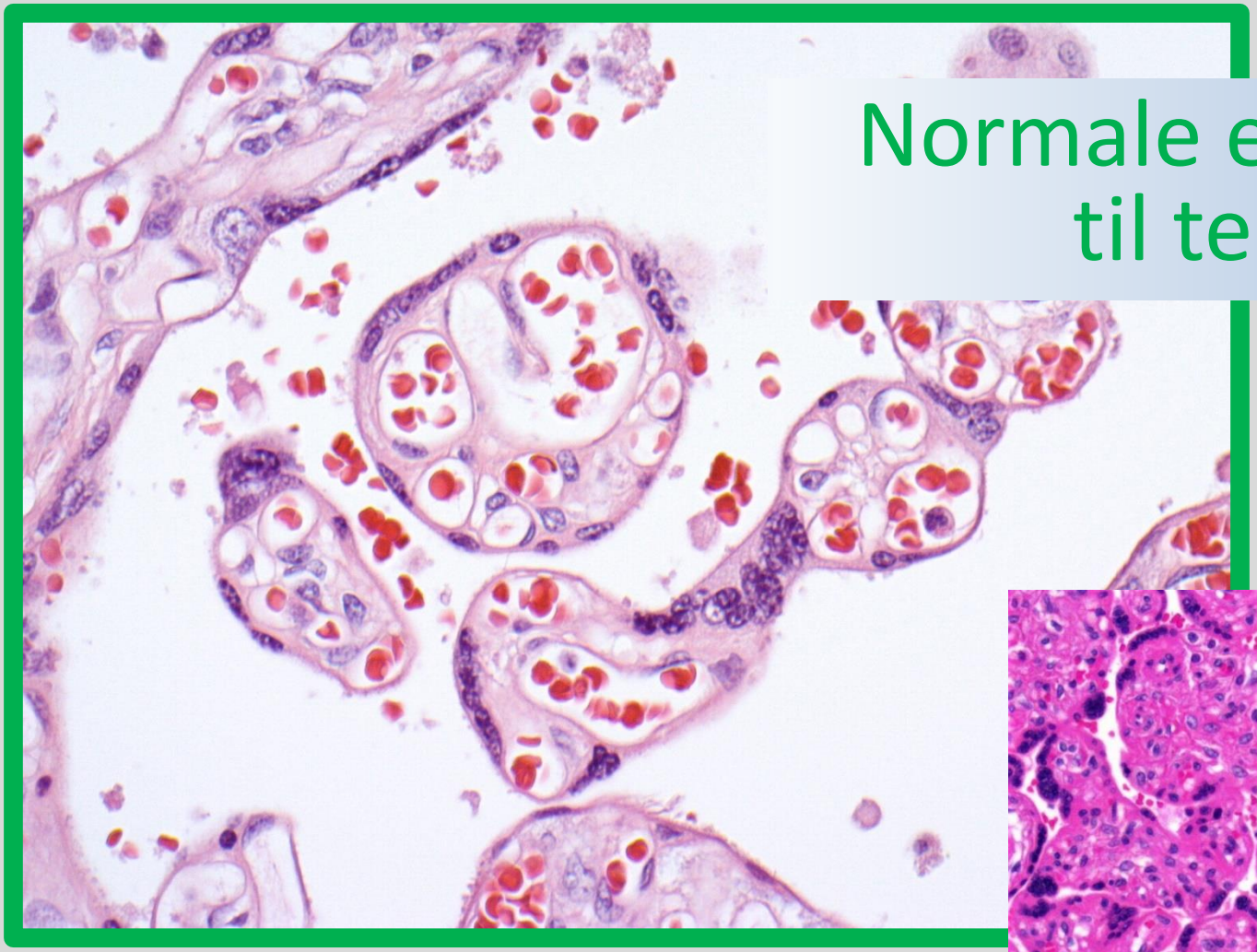




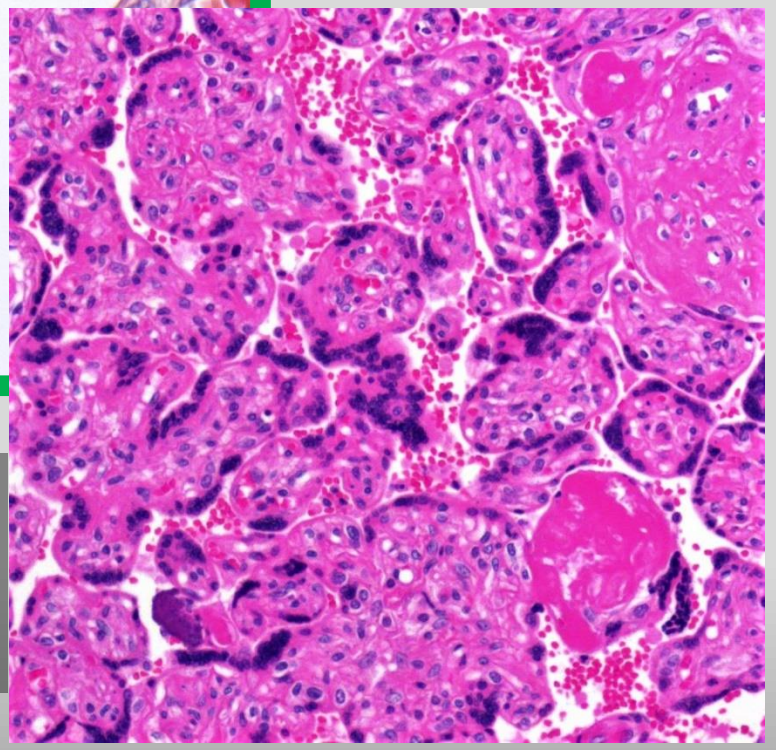




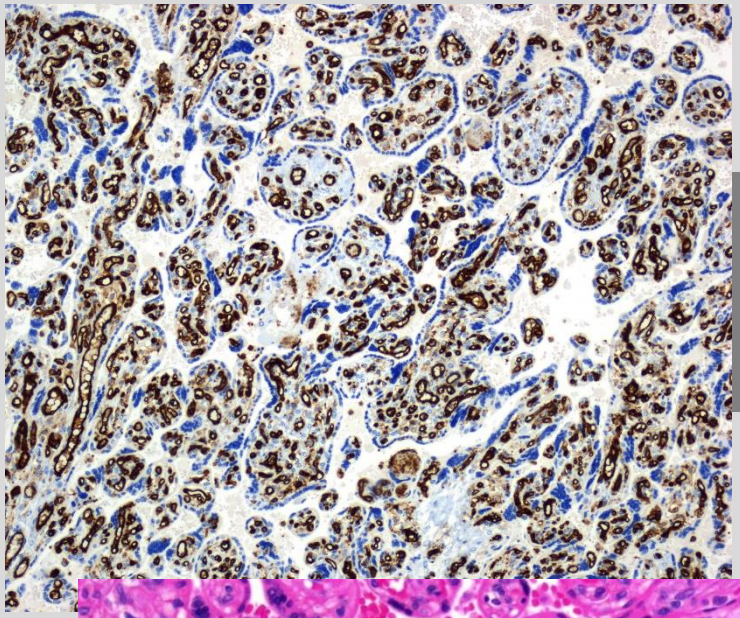




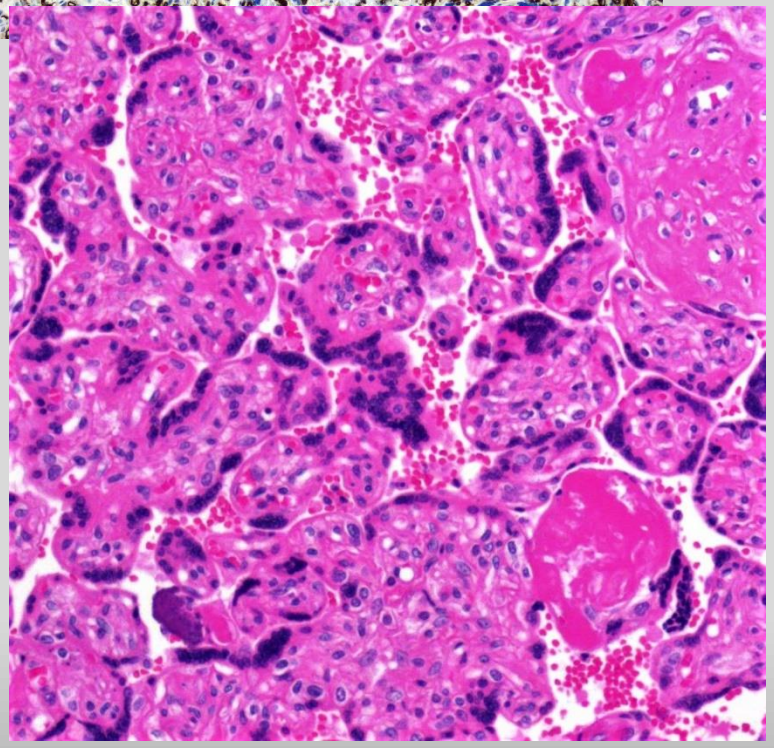
Normale endetotter til termin

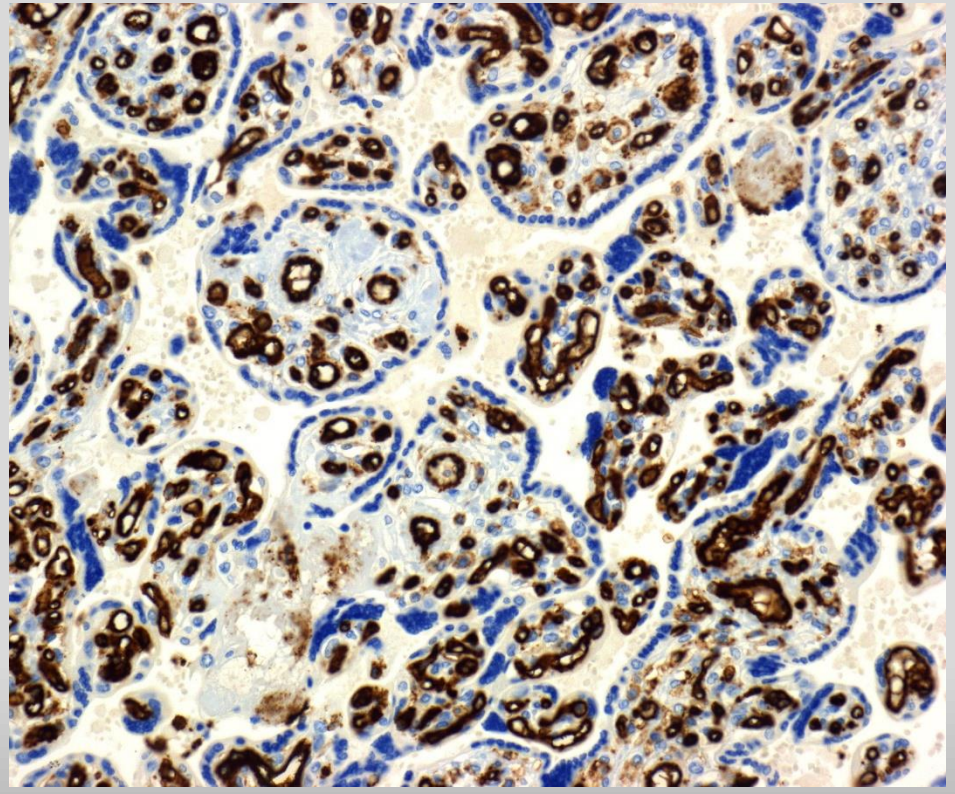


Totter i vår placenta



Vurdering av tottemodning: Karplassering i tottene



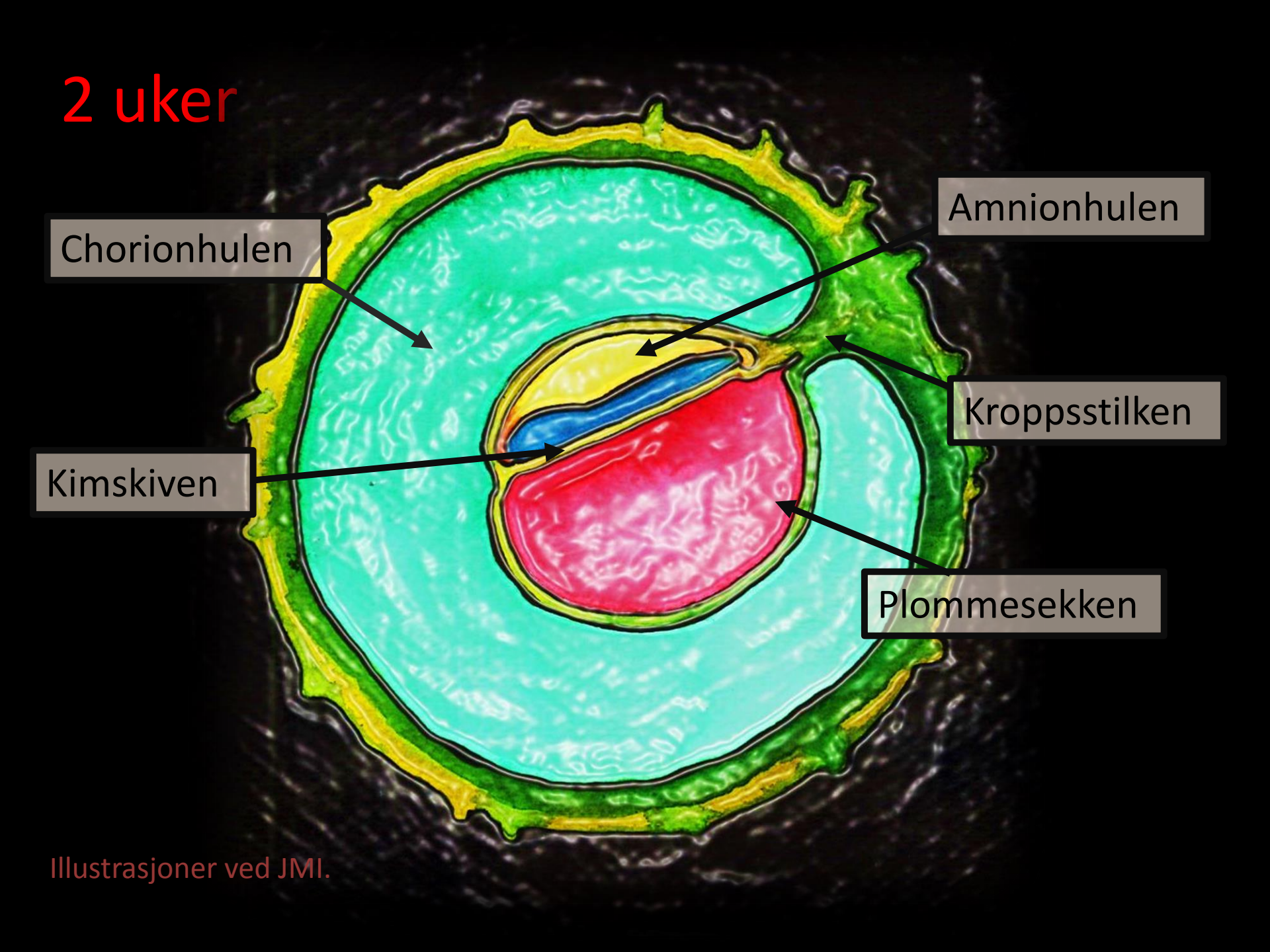


Diagnose

- Vekstretardert placenta med modningsforstyrrelse og tegn til kronisk maternell malperfusjon
- Navlesnor med to kar og rest, best forenlig med rest av ductus omphalomesentericus.

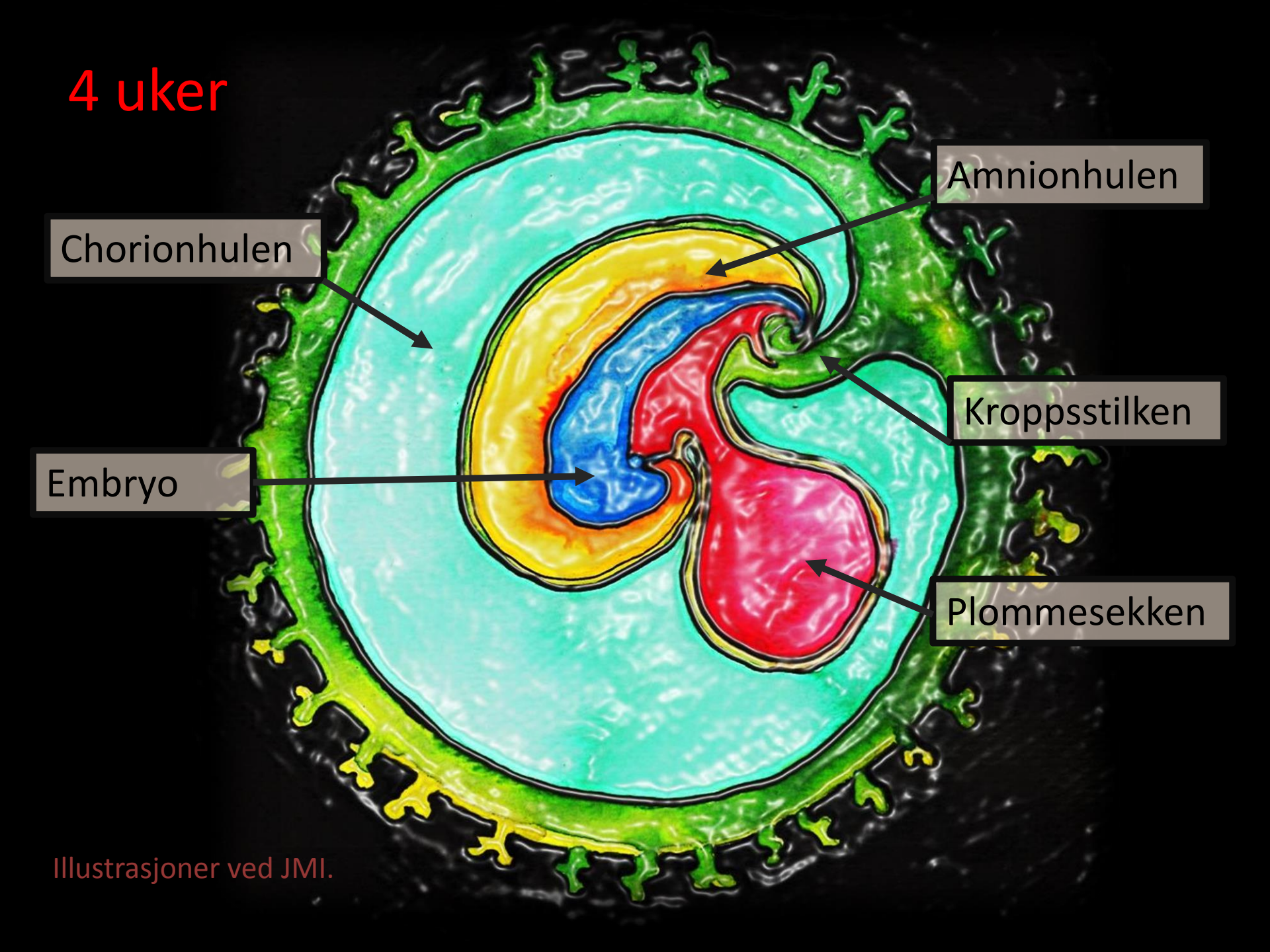
Diagnoseforslag: mange var på riktig spor! ☺

2 uker



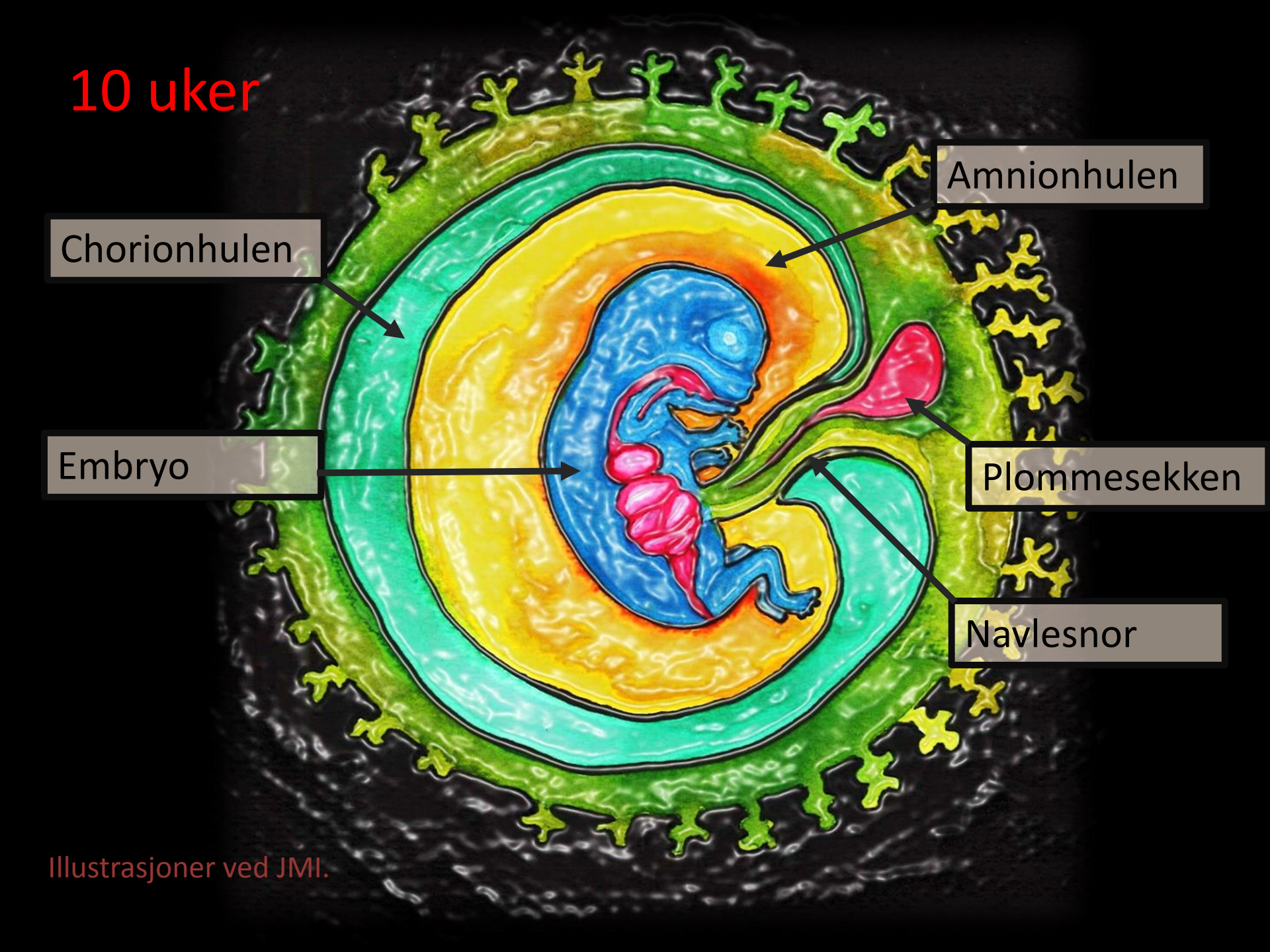
Illustrasjoner ved JMI.

4 uker



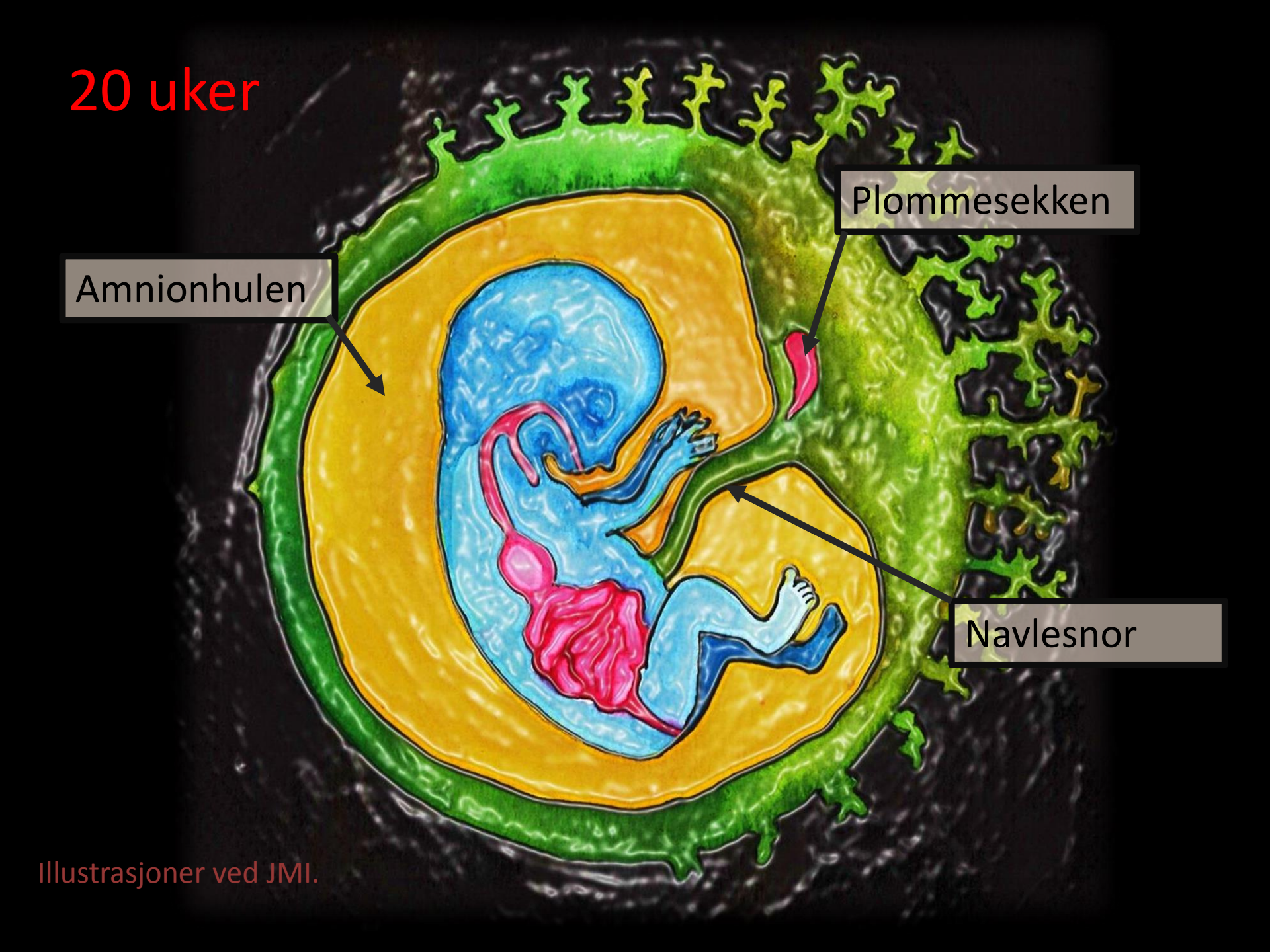
Illustrasjoner ved JMI.

10 uker



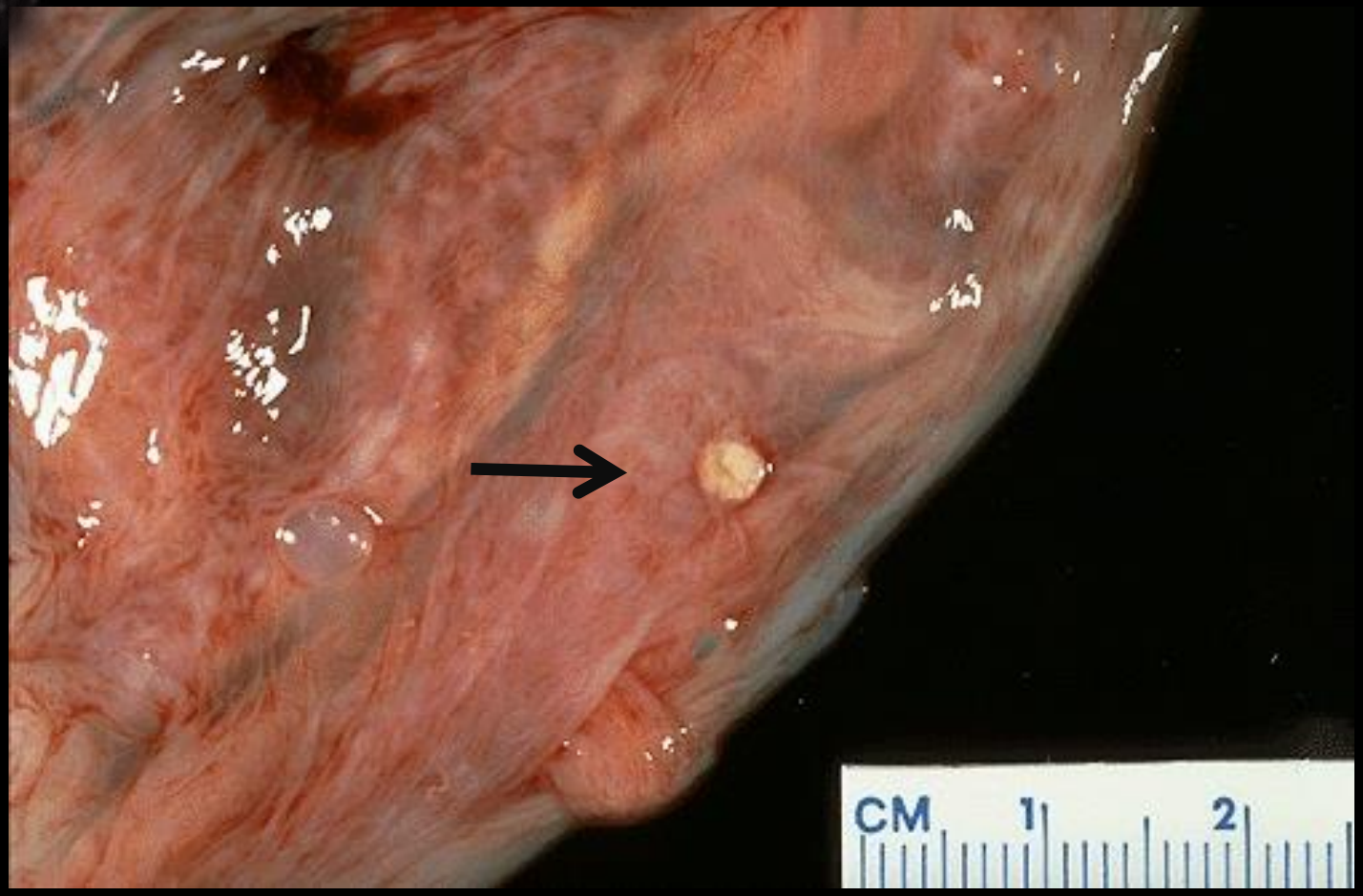
Illustrasjoner ved JMI.

20 uker



Illustrasjoner ved JMI.

Rest av plommesekken



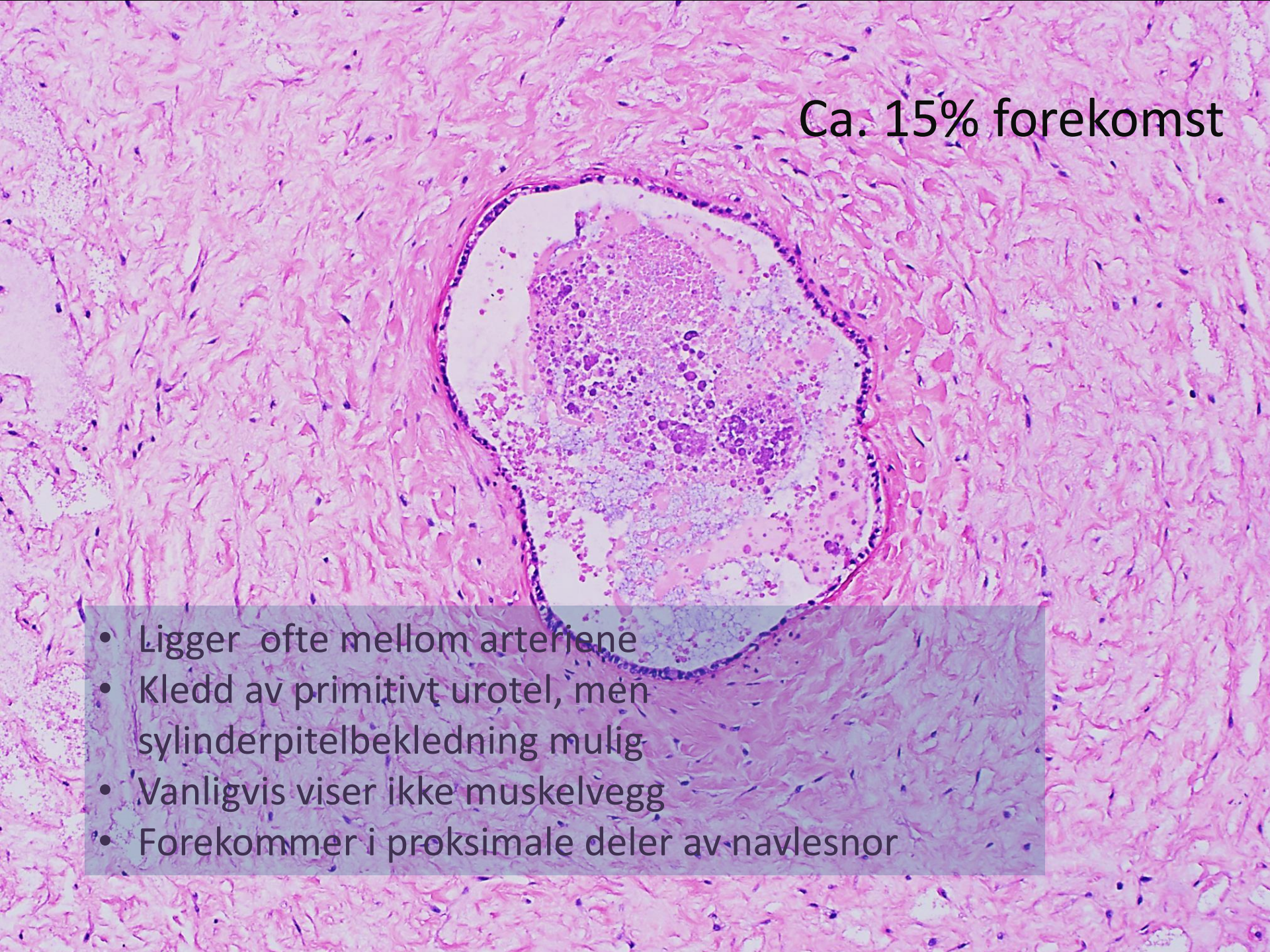
2-3 uker

6-7 uker

etter 12 uker

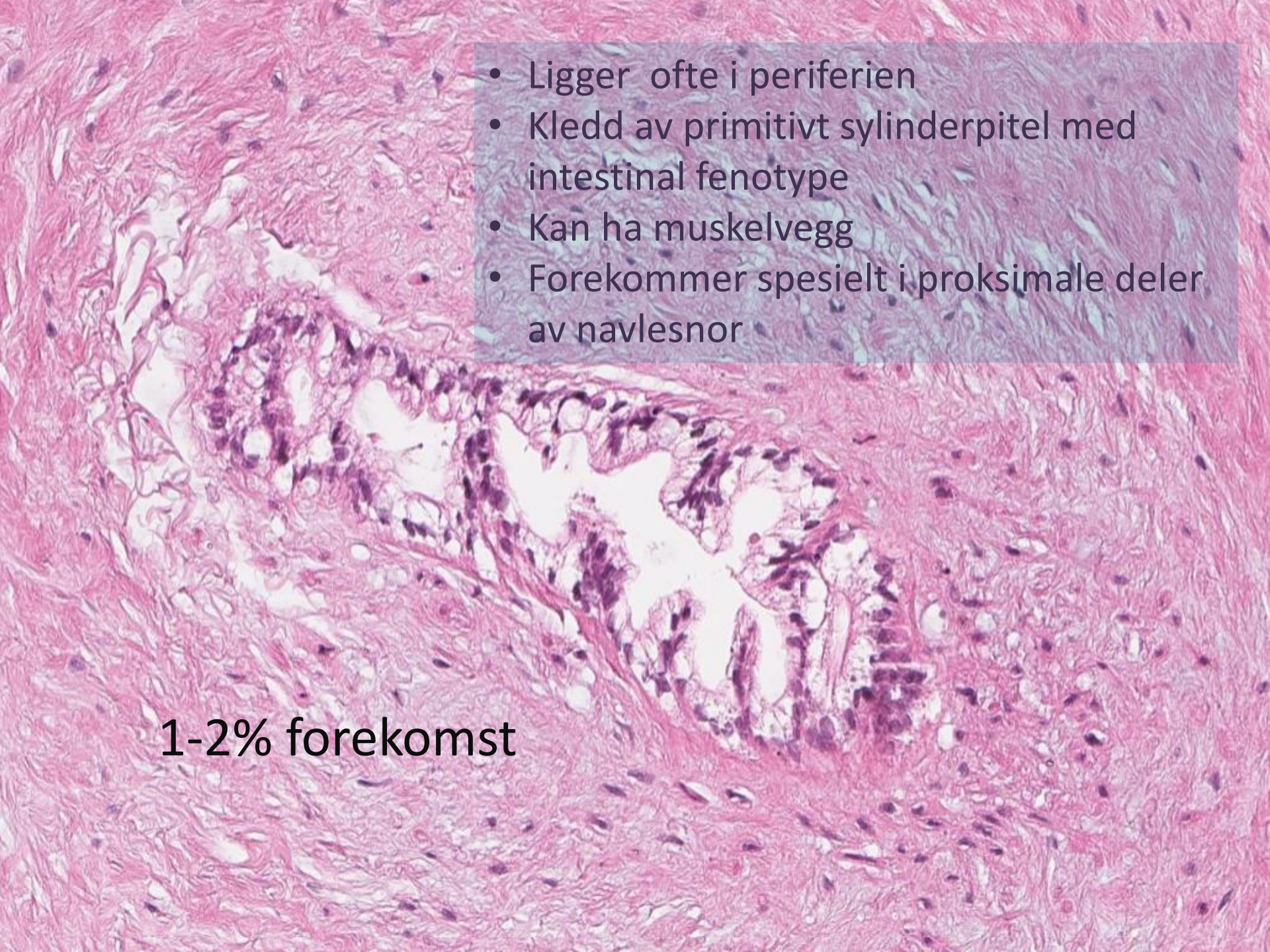
mot termin

Illustrasjoner ved JMI.
Foto: Pathology outlines



Ca. 15% forekomst

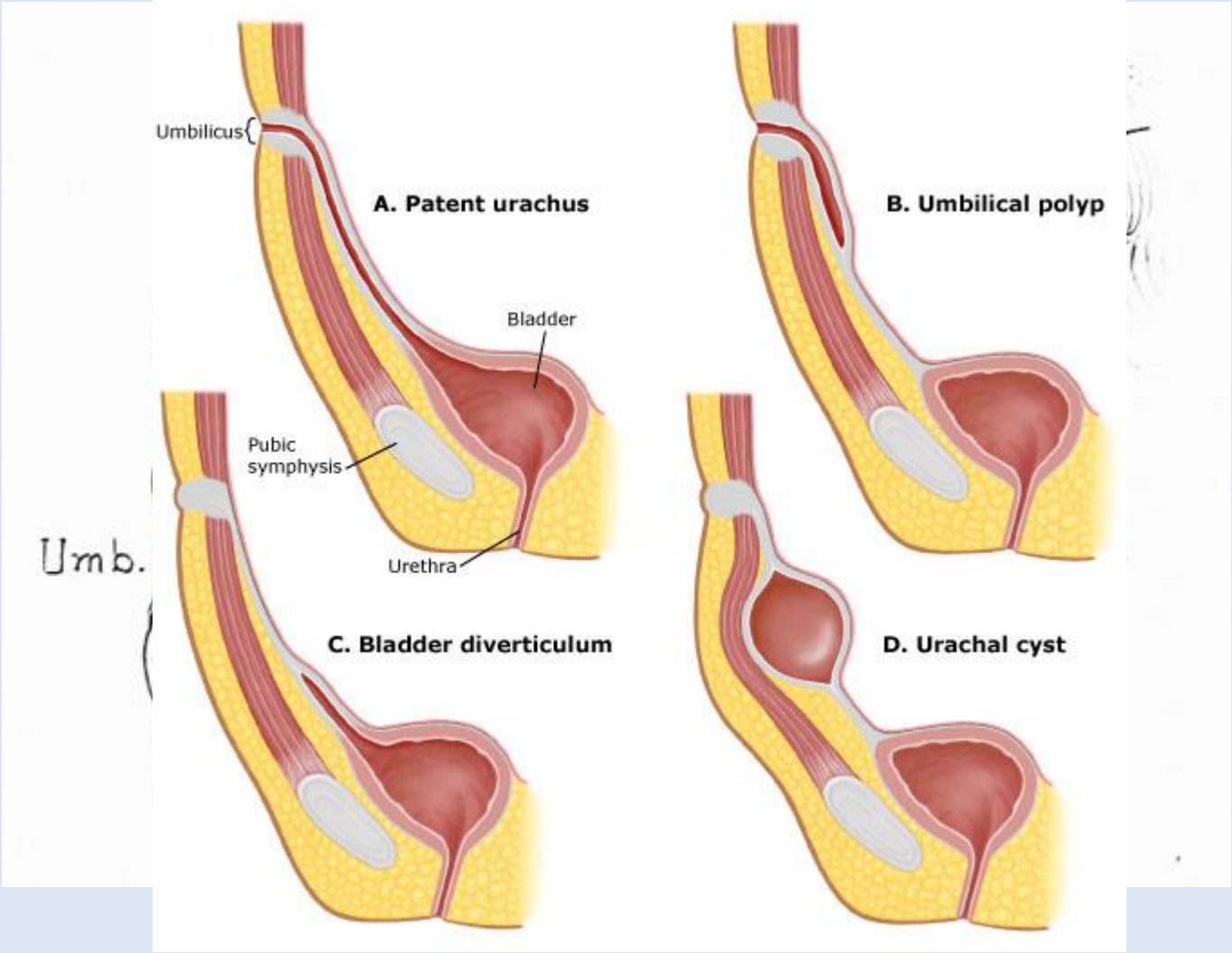
- Ligger ofte mellom arteriene
- Kledd av primitivt urotel, men sylinderpitelbekledning mulig
- Vanligvis viser ikke muskelvegg
- Forekommer i proksimale deler av navlesnor



- Ligger ofte i periferien
- Kledd av primitivt sylinderpitel med intestinal fenotype
- Kan ha muskelvegg
- Forekommer spesielt i proksimale deler av navlesnor

1-2% forekomst

Meckels divertikkel og urachusrest



Takk for oppmerksomheten!

Hilsen fra Tønsberg ☺