Gastroschisis

(Core Condition)

Description



A congenital opening or fissure in the anterior abdominal wall lateral to the umbilicus through which the small intestine, part of the large intestine, and occasionally the liver and spleen, may herniate. The opening is separated from the umbilicus by a small bridge of skin, and the herniating organs are not covered by a protective membrane. Gastroschisis usually occurs on the right side of the umbilicus, although it may occur on the left.

Inclusions

Gastroschisis

Exclusions

Omphalocele

ICD-9-CM Codes

Prior to October 1, 2009 - 756.79 (shared code with omphalocele)
October 1, 2009 and later – 756.73

ICD-10-CM Codes

Q79.3

CDC/BPA Codes

756.71

Diagnostic Methods

Gastroschisis is usually easily recognized on physical examination after delivery. However, in some instances, it may be conclusively distinguished from omphalocele only at surgery or autopsy.

Prenatal Diagnoses Not Confirmed Postnatally

Gastroschisis may be included when only diagnosed prenatally. However, it may be difficult to distinguish gastroschisis from omphalocele on prenatal ultrasound, and the terms sometimes are used interchangeably. If it is possible to ascertain the degree of certainty of the prenatal diagnosis and the location of the umbilical cord insertion relative to the abdominal defect, this should factor into the decision as to whether or not to include an individual case in the surveillance data. Live-born children who survive should always have confirmation of the defect postnatally before being included. In addition, the absence of gastroschisis on prenatal ultrasound does not necessarily mean that it will not be diagnosed after delivery.

Additional Information:

The distinction between gastroschisis and omphalocele is important because they have different etiologies and different implications for treatment and long-term survival.

In gastroschisis, the umbilicus and cord are normal and separated from the abdominal wall defect by a small bridge of skin. The herniating organs are not covered by a protective membrane. However, they may appear matted and covered by a thick fibrous material as a result of prolonged exposure to amniotic