Tuesday, February 12, 1:30PM-3:00PM
Concurrent Breakout Session C

Training Tools for Ventral Wall Defects- Coding Goes Belly Up
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Most correctly, the "ventral wall" of the body includes the anterior side of the entire thorax. Defects of the upper ventral wall, where the rib cage is, are rare. The one most likely to be found in birth defect surveillance is ectopia cordis (herniation of the heart outside the body). In common usage "ventral wall defects" are malformations involving the anterior thorax from the xiphoid process inferiorly to the pubic bone or the perineum. The most common ventral wall defect is the umbilical hernia (553.100), which is skin covered and usually requires no medical or surgical intervention. Major defects of the ventral wall are omphalocele (756.700) and gastroschisis (756.710). Omphalocele involves the umbilical cord and is often a part of malformation syndromes. Gastroschisis is a hole to the right (usually) of the umbilical cord and is less likely to be syndromic. Both are corrected surgically and may have accompanying intestinal abnormalities such as malrotation. Another set of malformations that overlap is exstrophy of the cloaca (759.790/751.550), exstrophy of the bladder (753.500) and epispadias (752.610). These conditions are less separate defects than they are different points along a spectrum of malformations. These conditions can have highly unusual external features, so definition of genetic sex and presence/absence of gonads and other genital structures is important. Though they are unusual enough in themselves, the exstrophies can be part of larger malformation syndromes.

Pictures of surgical management, definitions, and relevant genetic syndromes will be presented. We will discuss approaches to coding these defects and what associated defects can be anticipated.