Giant umbilical cord (GUC) is rare umbilical cord malformation. The differential diagnoses include: umbilical cord cysts, pseudo-cysts containing degeneration of Wharton’s jelly, omphalo-mesenteric duct cysts (absence of complete obliteration of the omphalo-mesenteric duct), vascular disorders, abdominal wall defects, bladder extrophy, hernia of umbilical cord, and urachal anomalies.[1,2] Exact etiopathogenesis of giant umbilical cord in neonates is not known yet. Tsuchida et al, proposed reflux of fetal urine into the umbilical cord via patent urachus, resulted in swelling of the contained Wharton’s jelly of cord.[2] If detected prenatally, GUC should be monitored closely for possible compres-
sion particularly at term or during labour causing fetal compromise.[1-7] GUC should be thoroughly investigated with abdominal sonography and voiding cystourethrography to rule out posterior urethral valves.[1-7] Hernia of umbilical cord can be confused with GUC; thus, the attending delivery personnel should be aware of such rare condition and it is better to apply cord clamp at some safe distance to avoid any injury to the contents. Till date 8 cases were reported on GUC.[1-7] Immediate operative exploration is mandatory to repair this unusual congenital anomaly not only for the cosmetic reasons but also for the management of persistent urachal remnant.

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Consent: Author declared that she has taken informed written consent, for publication of this report along with clinical photographs/material (if any used), from the legal guardian of the patient with an understanding that every effort will be made to conceal the identity of the patient however it cannot be guaranteed.

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