



Iberoamerican Journal of Medicine

ISSN: 2695-5075

ISSN-L: 2695-5075

iberoamericanjm@gmail.com

Hospital San Pedro

España

Oliván-Gonzalvo, Gonzalo

Pseudo prune belly syndrome: a female case report

Iberoamerican Journal of Medicine, vol. 3, núm. 1, 2021, pp. 98-99

Hospital San Pedro

España

DOI: <https://doi.org/10.5281/zenodo.4411082>

Disponible en: <https://www.redalyc.org/articulo.oa?id=692072541015>

- Cómo citar el artículo
- Número completo
- Más información del artículo
- Página de la revista en redalyc.org

redalyc.org

Sistema de Información Científica Redalyc

Red de Revistas Científicas de América Latina y el Caribe, España y Portugal
Proyecto académico sin fines de lucro, desarrollado bajo la iniciativa de acceso
abierto



**IBEROAMERICAN
JOURNAL OF
MEDICINE**

iberoamericanjm

Journal homepage: www.iberoamericanjm.tk

Clinical Image

Pseudo prune belly syndrome: a female case report

Gonzalo Oliván-Gonzalvo^{a,*} 

^a Head of Pediatrics, Pediatrics and International Adoption Centre, Zaragoza, Spain

ARTICLE INFO

Article history:

Received 18 December 2020

Received in revised form 31 December 2020

Accepted 02 January 2021

Keywords:

Pseudo prune belly syndrome

Abdominal wall laxity

Female

© 2021 The Authors. Published by Iberoamerican Journal of Medicine. This is an open access article under the CC BY license

(<http://creativecommons.org/licenses/by/4.0/>).

HOW TO CITE THIS ARTICLE: Oliván-Gonzalvo G. Pseudo prune belly syndrome: a female case report. Iberoam J Med. 2021;3(1):98-99. doi: 10.5281/zenodo.4411082.

1. CASE REPORT

A 14-month-old girl presented with a history of gross motor development delay. She was born full-term with adequate weight for gestational age. She had pneumonia without sequelae at 11 months. Her physical development was normal (weight, length, and head circumference of 9,800 g, 79 cm, and 48 cm, respectively). The Denver Developmental Screening Test showed 8-month-old gross motor development milestones. The physical examination highlighted a loose and globular abdomen with a small umbilical hernia and diastasis recti; superficial veins and intestinal peristalsis were observed, especially in the right abdomen; there was no visceromegaly or palpable masses; when sitting up the girl, these signs were magnified showing a prune abdomen (Figure 1); the rest of the exam was normal. Upon clinical suspicion of prune belly

syndrome (PBS), a pelvic, renal, and urinary tract ultrasound was performed, which was normal.

PBS is a rare congenital disease of unknown cause, classically defined by a triad of cardinal features including deficient or absent abdominal wall musculature, bilateral intra-abdominal cryptorchidism, and urinary tract anomalies. By strict definition, PBS affects boys, with an incidence of 3.6 to 3.8 per 100,000 live male births. Females represent less than 5% of all PBS cases, and they present with abdominal wall deficiency and a dysmorphic urinary tract without any associated gonadal anomaly. PBS may present a wide range of severity, distinguishing three major categories of presentation. Category III, also called pseudo PBS, includes patients with mild triad features or incomplete forms and whose renal function is normal or mildly impaired, and females with abdominal wall laxity [1, 2].

* Corresponding author.

E-mail address: golivang@gmail.com

ISSN: 2695-5075 / © 2021 The Authors. Published by Iberoamerican Journal of Medicine. This is an open access article under the CC BY license

(<http://creativecommons.org/licenses/by/4.0/>).

<http://doi.org/10.5281/zenodo.4411082>



Figure 1: 14-month-old girl showing a loose, globular abdomen with a small umbilical hernia and diastasis recti. Superficial veins and intestinal peristalsis are seen, especially in the right abdomen. When sitting up the girl, these signs are magnified showing a prune abdomen.

In female cases of pseudo PBS, the abdominal muscles deficiency is not only an aesthetic problem. It can also predispose, among other problems, to gross motor development delayed, because it does not allow maintaining the levels of force required to maintain balance and stabilization of the spine when performing various activities such as sitting, walking or running [2, 3]. Therefore, together with the eventual abdominal wall reconstruction, a comprehensive approach that includes rehabilitation, early stimulation and psychological support should be considered in these patients.

2. REFERENCES

1. Arlen AM, Nawaf C, Kirsch AJ. Prune belly syndrome: current perspectives. *Pediatric Health Med Ther.* 2019;10:75-81. doi: 10.2147/PHMT.S188014.
2. Pomajzl AJ, Sankararaman S. Prune Belly Syndrome. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020.
3. Arlen AM, Kirsch SS, Seidel NE, Garcia-Roig M, Smith EA, Kirsch AJ. Health-related Quality of Life in Children With Prune-belly Syndrome and Their Caregivers. *Urology.* 2016;87:224-7. doi: 10.1016/j.urology.2015.09.028.