

Abstract

Background: Gastroschisis is a congenital anomaly that involves protrusion of the intra-abdominal organs out of the abdominal cavity. The global prevalence of Gastroschisis has been increasing in recent years. At Mbarara Regional Referral Hospital(MRRH), a majority of newborn children with Anterior Abdominal Wall Defects have Gastroschisis. While short-term outcomes of Gastroschisis management have been documented at MRRH, little is known about those who are discharged home. Therefore, this study aimed at determining the post-discharge outcomes in children with Gastroschisis

Methods: A Retrospective cohort study conducted at the Paediatric Surgery Ward of MRRH. All the children who were managed and discharged home between October 2015 and July 2023 were identified from records and their caregivers contacted on phone where possible. An Interviewer Guided Questionnaire was administered to caregivers whose children had died, to obtain Data on Socio-Demographic Factors and possible causes of Death. Information about type of Gastroschisis, Birth Weight, Discharge Weight, Wound Infection and treatment Modality was obtained from Medical Records. Caregivers of survivors were subsequently invited to MRRH and the child examined for any evidence of Umbilical hernia, Maldescended testes, and Groin hernias. Kaplan-Meier Survival Curves were used to estimate survival rates. To determine the factors that Predict Survival Post-discharge, Cox Proportional Hazards Regression Analysis was used. The results of Complications were tabulated.

Results: Out of the 68 children, who were discharged home between October 2015 and July 2023, 15 could not be traced and one failed to turn up for physical interview. We managed to enroll 52 children in the study. Majority of the participants were male (55.8%), 69.2% were from Ankole Region and 48.1% were from Very Low income households. The mean Gestational age at birth for the Cohort was 37.9 (SD 2.1) weeks. There were 26 deaths over a total follow-up time of 1621.47 Person-Months, giving a Cumulative Mortality rate of 16.03 deaths per 1000 person-months, (95%CI; 10.91 to 23.55). The Median Survival time was 12.37 months. Prematurity was the major Predictor of survival while caregiver's dissatisfaction with appearance of the scar was the main complication in survivors.

Conclusion: There was a high rate of death, with majority occurring within three months Post-discharge. Preterm Children were more likely to die Post-discharge