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Diaphragmatic eventration misdiagnosed as dextrocardia

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DESCRIPTION

A 70-year-old woman, with reported dextrocardia, presented with retrosternal, stabbing pain with radiation to the precordial area and reflection on the left shoulder after meals. The pain aggravates in the supine position while it subsides in the sitting. The apex heart sounds were audible only in the left lateral position and disappeared at the supine position. The auscultation did not reveal any pathological sounds or murmurs. The chest x-ray revealed left diaphragmatic eventration figure 1A. The radiographic findings (aortic arch on the left) and the ECG, (positive QRS complex in lead I, negative in aVR, while limp leads placed in the ordinary position) called the mentioned history of dextrocardia into question. Furthermore, it aroused the suspicion of retrosternal pain as a result of diaphragm's compression to the heart due to the stomach entrance into the thoracic cavity. 1 2 A thoracic CT scan figure 1B excluded the dextrokardia and confirmed the left diaphragmatic eventration with entrance of the fornix of stomach and the left flexure of colon with displacement

of the heart to the right side of the mediastinum (explaining the diminished heart sounds). The fornix of the stomach arised 2 cm underneath the tracheal bifurcation. The patient underwent a single photon emission CT heart scan without evidence of ischaemia and a gastroscopy which revealed an image of mesenteroaxial gastric volvulus without evidence of gastric ulcer. The known medical history did not confirm any cause of the diaphragmatic eventration. The patient was advised to eat small meals. Following our instructions she reported disappearance of her symptoms.

Competing interests None.

Patient consent Obtained.

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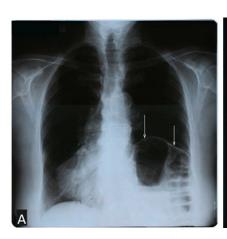




Figure 1 (A) Left diaphragmatic eventration with displacement of the heart to the right mediastinum. (B) Left diaphragmatic eventration with entrance of the fornix of stomach and the left flexure of colon with displacement of the heart to the right side of the mediastinum.

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