Symptomatic huge diaphragmatic hernia
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DESCRIPTION
The present images refer to a 54-year-old patient with cholangitis due to biliary stones.
He underwent distal oesophagectomy and total gastrectomy with Roux-en-Y reconstruction for a tumour of oesophageal-gastric junction 5 years before.
An endoscopic retrograde cholangiopancreatography was attempted but it failed because of the impossibility to access the duodenal pouch due to abnormal rounds of the scope caused by a suspected bowel’s hernia in the thorax.
A CT scan (figures 1 and 2) was then performed, and it showed the presence, in retrocardiac position, of a massive diaphragmatic herniation of the small bowel, along with mesenteric vessels, which reached the apex of the left hemithorax.
This condition is completely asymptomatic, and the patient is now scheduled for preoperative evaluation.

Figure 1  CT scan (coronal view) showing the herniation of the small bowel occupying almost all of the left hemithorax.

Figure 2  CT scan (axial view) with the evidence of the large diaphragmatic defect along with the mesenteric vessels.

Patient’s perspective
In the end, I was more worried for the hernia than for the biliary stones. It scared me a lot. I would like to thank the Niguarda Hospital for taking care of me.

Learning points
- Incidental huge diaphragmatic hernias in adults are rare occurrences.
- Huge diaphragmatic hernia is a rare cause of endoscopic retrograde cholangiopancreatography failure.

REFERENCES