Large bowel obstruction due to anterior diaphragmatic hernia (of Morgagni) on the right side

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DESCRIPTION
Diaphragmatic hernia of Morgagni is a congenital defect of the anterior diaphragm resulting in herniation of abdominal viscera into the thorax (3–4% of congenital diaphragmatic hernias).1 In adults, Morgagni’s hernia is usually asymptomatic and is diagnosed incidentally following chest x-ray. However, some present with respiratory or gastrointestinal problems such as cough, chest pain, dyspnoea or symptoms of bowel obstruction.2 Acute presentation with complete bowel obstruction, incarceration or strangulation is rare.2 Abdominal signs of peritonitis might be delayed or absent in patients with strangulated hernia. In unwell patients with metabolic acidosis, absent abdominal signs and the presence of intrathoracic hollow viscera on chest x-ray, strangulated diaphragmatic hernia should be suspected.

Contrast enhanced CT scan of the chest, abdomen and pelvis is the diagnostic modality of choice.12 Laparotomy, reduction of the hernial contents and repair of hernial defect with interrupted non-absorbable sutures is the treatment of choice in symptomatic patients.1–3 Resection and anastomosis of the bowel is required for strangulated hernia. Laparoscopic surgery has been described in the management of elective cases and for the diagnosis of unwell patient.3

CT scan in the reported case demonstrates large bowel in the right hemithorax with evidence of proximal bowel obstruction (figure 1). The patient suffered closed loop obstruction of large bowel with dilated caecum due to competent ileocaecal valve. Transverse colon was reduced from the hernial sac and extended right hemicolectomy was performed.

Learning points
▸ In unwell patients with metabolic acidosis and ‘absence of abdominal signs’ with presence of an intrathoracic hollow viscera on chest x-ray, strangulated diaphragmatic hernia should be suspected.
▸ Contrast-enhanced CT scan of the chest, abdomen and pelvis is the diagnostic modality of choice.

Competing interests None.
Patient consent Obtained.

REFERENCES
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