

Asymptomatic presentation of congenital diaphragmatic hernia in an adult

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INTRODUCTION

The congenital diaphragmatic hernia, called Bochdalek's hernia, usually presents in neonatal period with respiratory distress. Presentation of this hernia in an adult is asymptomatic and rare. We report one such case of congenital diaphragmatic hernia, who presented with chest pain due to fall. X-ray chest PA view suggested a large diaphragmatic hernia with stomach and colon in left hemithorax. This case represents rarity of Bochdalek's hernia in an adult and requires high degree of clinical suspicion. The role of imaging and surgery in the accurate diagnosis is equivocal.

CASE HISTORY

A 45 year old male presented with pain abdomen in the emergency department. He had no respiratory problems. Examination of the chest revealed reduced air entry on the left side and mediastinal shift towards right side. Chest radiograph revealed a raised left hemidiaphragm, presence of air filled gut loops in the left thoracic cavity and mediastinal shift to the right side.

The patient was taken up surgery in the emergency OT. Midline abdominal incision was given. Intraoperatively a defect of 12x8 cm was present in the left posterolateral aspect of the diaphragm with the part of the stomach, small intestine and colon herniating into the thorax suggestive of a Bochdalek hernia. The contents were reduced. The defect was closed with interrupted non absorbable suture reinforced with a polypropylene mesh and the thoracic cavity was drained by a single chest tube. The patient had an uneventful post operative recovery. A repeat chest radiograph after 5 days of surgery revealed fully expanded left lung with no evidence of any herniation of bowel loop in the thoracic cavity.

DISCUSSION

Bochdalek's hernia is commonest congenital diaphragmatic hernia, which manifests primarily in neonates. It is developmental disorder due to failure of fusion of pleuroperitoneal canal that closes usually by the 8th week of gestation. Its occurrence is rare in adults usually asymptomatic, often diagnosed as an incidental finding in the abdominal CT scan. Commonly identified on plain chest radiograph as an area of eventration this defect on a CT scan is characteristically associated with protrusion of omentum or retroperitoneal fat. The ipsilateral lung is hypoplastic with deviation of the mediastinum. Until now around 100 such cases have been reported in world literature.

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FIGURE USED



Fig 1. Left Diaphragmatic Hernia