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Large Morgagni Hernia Causing Upper Gastrointestinal Obstruction

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Abstract: ***We report acase of a large Morgagni hernia resulting in upper gastrointestinal obstruction in a 76-year-old woman. The diagnosis was only possible after a computerized tomography that showed the compression of the herniated stomach over the second portion of the duodenum and thus justifying the symptoms of upper intestinal occlusion.***

Keywords: "Hernias, Diaphragmatic, Congenital/complications", "Hernias, Diaphragmatic, Congenital/diagnostic imaging", "Intestinal Obstruction"

1. Case Description

We describe a case of a 76-year-old woman who presented to the emergency department with abdominal distension, frequent eructation and vomiting with 3 days of evolution. She was also constipated for five days. She denied abdominal pain. She had an history of chronic constipation and was usually medicated with laxatives, and also type 2 diabetes mellitus, high blood pressure and asthma.Upon admission, she didn't have fever and was hemodynamically stable. No signs of respiratory distress, pulmonary auscultation showed decreased sounds on the rightlung base. Abdomen was soft and depressible, painless on palpation, without palpable organomegalies. Plain abdominal radiographsdescribed showed an airspace opacificationin the right lung base. A nasogastric tube was placed with drainage of abundant gastric content.

Abdominal tomography showed a massive Morgagni hernia, with a diaphragmatic defect in the right anterior insertion, with intra-thoracic herniation of the distal part of the body and the entire gastric antrum, including the pylorus and duodenal bulb, with compression of the herniated stomach over the second portion of the duodenum and thus justifying the symptoms of upper intestinal obstruction. The diaphragmatic hernia also included the proximal part of the ascending colon, splenic angle of the colon and a large part of the transverse colon. There was also a small atelectasis at the base of the right lung, secondary to compression.With these images it was possible to clarify the cause of upper digestive obstruction.

2. Discussion

Morgagni hernias are rare entities defined by herniation of abdominal contents through the anterior part of the diaphragm[1]. They are usually small, including only abdominal fat, and often diagnosed incidentally in the adulthood[2].This case is exceptional regarding the size of the hernia, the portion of stomach, small and large bowels involved and the dynamic upper gastrointestinal occlusion. Classical radiographic findings are often confused with consolidations of the right lung base[3], and tomography is important to make the differential diagnosis. The treatment is surgical.

References

[1] Schumacher L, Gilbert S. Congenital diaphragmatic hernia in the adult. Thorac Surg Clin. 2009;19(4):469-72.
[2] Horton JD, Hofmann LJ, Hetz SP. Presentation and management of Morgagni hernias in adults: a review of 298 cases. Surg Endosc. 2008;22(6):1413-20.
[3] Arora S, Haji A, Ng P. Adult Morgagni hernia: the need for clinical awareness, early diagnosis and prompt surgical intervention. Ann R Coll Surg Engl. 2008;90(8):694-5.

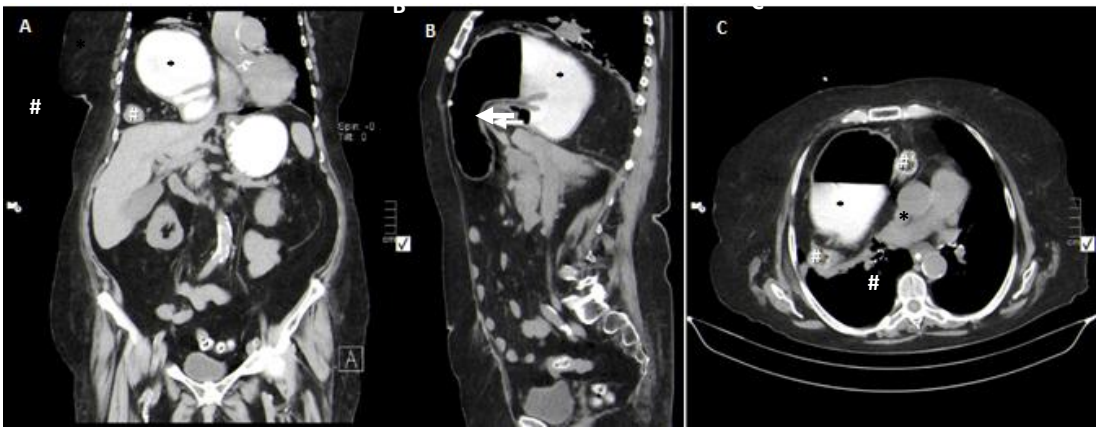

Figure 1: Morgagni hernia: Coronal (A), sagittal (B) and axial (C) CTscans showing the diafragmadefect, the herniate stomach (*), duodenum and colon (#) in the thoracic cavity. Note the stomach compressing the duodenum (arrow)

Author Profile

Luís Magalhães ia a Internal Medicine Resident in Portugal. He contributed to the writing and literature review of the work. There are no conflicts of interest to declare.