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| Case | (527) Right paracardiac occupation: mass or diaphragmatic hernia?. |
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CASE PRESENTATION

A 81 year-old male presented to the emergency department with an episode of vomiting and intense epigastric pain.

Previous work-ups included an upper endoscopy performed 2 months ago that showed a sliding hiatal hernia. A chest x-ray was performed and showed a gas-filled hollow structure in the right chest; lateral film revealed the structure was at the anterior chest. Reviewing the history he already had a x-ray radiograph showing fat density, right paracardiac opacity.

CT scan of the chest and abdomen confirmed a diaphragmatic hernia containing part of the stomach in the anterior, paracardiac-retrosternal location, identifying a triangular anterior-medial defect on the diaphragm concordant with Morgagni's hernia.

Due to continuing vomiting and the risk of strangulation of the hernia contents, the patient underwent surgical repair, closing the diaphragmatic defect.

DISCUSSION

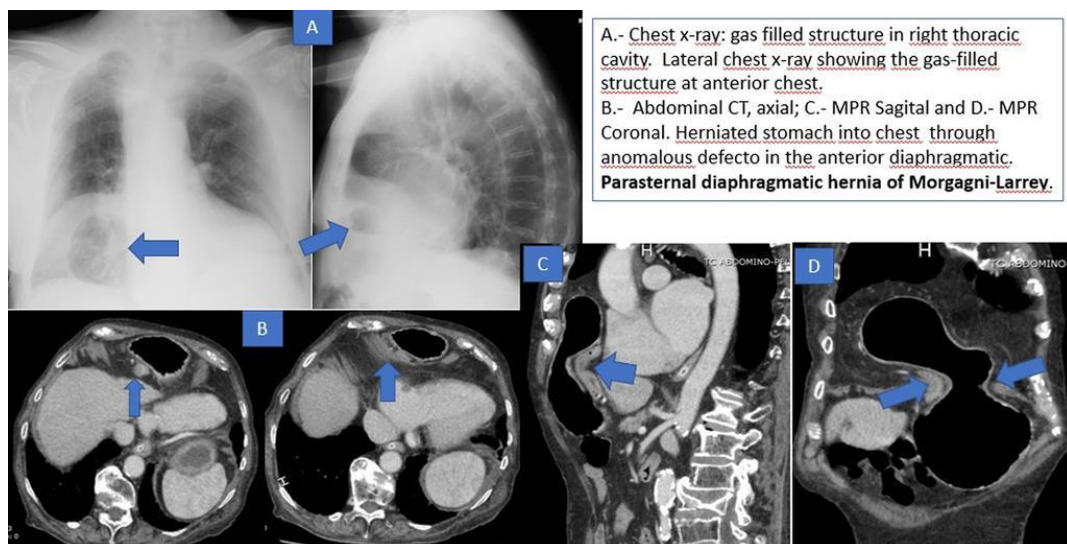
A Morgagni's hernia is a congenital defect found in the anterior aspect of the diaphragm between the costal and the sternal portions of this muscle. It has been reported that 70% of patients with Morgagni's hernia are female, 90% of the hernias are right-sided, and 92% have hernia sacs. This type of hernia is a rare clinical entity and accounts for 3% of all surgically treated DH, is a rare type among adults without a well-described prevalence and without well-established definitive management strategies.

A multifactor etiology is suggested and in late presentation due to increased intraabdominal pressure and thoracic depression. In adults, they are asymptomatic in 30% to 50% of the cases and symptoms include compression thoracic symptoms or abdominal herniation (colonic, gastric). Less severe forms of the disease are characterized by persistent epigastric and subcostal pains sometimes associated with vomiting and are frequently mistaken for dyspeptic disturbances.

It should be differentiated from other masses of the anterior mediastinum: pericardial cyst, paracardiac hematoma, lipoma... In HDM, the aerial content of the mass, by passing from the intestinal loop to the thoracic cavity, facilitates its identification, which is difficult in cases in which content is exclusively omentum. Simple X-ray and CT are the main diagnostic techniques, however, it may not be significant if at the time of carrying it out the hernia sac is empty.

CONCLUSION

Morgani hernia containing stomach, an infrequent pathology in the adult. You should think about it before paracardiac occupation, changes in luminogram and clinical obstruction.



BIBLIOGRAPHY

- L. A. Arráez-Aybar, C. C. González-Gómez y A. J. Torres-García. Hernia diafragmática paraesternal de Morgagni-Larrey en adulto. Rec Esp Enferm Dig 2009; 101 (5): 357366.
- Arikan S, Dogan MB, Kocakusak A, Ersoz F, Sari S, Duzkoylu Y et al. Morgagni's Hernia: Analysis of 21 Patients with Our Clinical Experience in Diagnosis and Treatment. Indian J Surg. 2018 Jun;80(3):239-244.