



RARE COEXISTENCE OF MORGAGNI HERNIA PRESENTING AS POSTERIOR MEDIASTINAL MASS AND HIATAL HERNIA IN AN ELDERLY FEMALE

Dr. Sonali Parida*

MBBS, MD Pulmonary Medicine , Assistant Professor, Department Of Pulmonary Medicine, Ims And Sum Hospital, Bhubaneswar. *Corresponding Author

ABSTRACT Right sided diaphragmatic hernia is quite uncommonly reported in literature. In the following we discuss a case with both right sided diaphragmatic hernia and hiatal hernia causing respiratory symptoms and clinically presenting as a primary lung pathology. A CT thorax later helped in determining the presence of abdominal contents in the thorax and hence the etiology as the presence of two diaphragmatic hernias rather than any lung lesion. Thus, appropriate evaluation can help in avoiding misdiagnosis of these cases and initiating timely action.

KEYWORDS : Diaphragmatic Hernia, Respiratory Symptoms

INTRODUCTION:

Right sided diaphragmatic hernia is quite uncommonly reported in literature. Even more rarer is the coexistence of both right sided hernia and a sliding hiatal hernia. Such hernias might be congenital or due to trauma (1).

Case report:

A 60 year old female without any co morbidities with post herpetic neuralgia and osteoarthritis of bilateral knees was referred to Pulmonary Medicine department for persisting chest pain and shortness of breath. Evaluation of respiratory system revealed a dull note and reduced breath sounds in the right mammary, infra axillary and infra scapular areas as well as presence of crepitations. There was clinical suspicion of pneumonia with parapneumonic effusion. Chest X ray showed presence of a homogeneous lesion situated posteriorly in the right lower zone indicating a posterior mediastinal mass.



Fig.1 chest x ray showing right lower zone opacity

USG right hemithorax however did not reveal any abnormality. CECT thorax and abdomen revealed presence Morgagni type of diaphragmatic hernia with omentocele as well as presence of a sliding hiatal hernia. There was also minimal right pleural effusion and non specific consolidation in the right lower lobe.

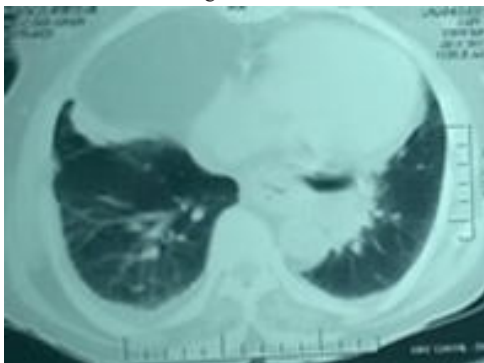


Fig.2



Fig.3 CT images showing omental fat in the right hemithorax and also a part of stomach herniating into the thorax



Fig 4

The patient had no history of trauma. She was managed conservatively and later referred to department of Gastro -surgery and Cardio thoracic surgery and is currently awaiting surgery.

DISCUSSION:

Diaphragmatic hernias may be congenital or acquired. Acquired diaphragmatic hernias are most commonly caused by trauma. Non traumatic right diaphragmatic hernia in adults are very rare due to presence of liver.(1,2). Our patient was initially thought to have a posterior mediastinal mass after seen the Chest X Ray but CT confirmed the presence of hernias. Thus the case also highlights importance of CT thorax in differentiating various confusing mass lesions seen in chest X ray. Stomach, colon and omentum are common herniating regions in spontaneous diaphragmatic rupture.(3).

Omentum was the only organ which herniated through the diaphragmatic defect in our patient. Abdominal or chest pain, nausea, vomiting and dyspnea are common symptoms encountered in such patients. (4). Our patient had shortness of breath and chest pain. Hiatal hernias are quite common and most of them are sliding in nature where the oesophagus is shortened and the gastro oesophageal junction and part of the stomach are displaced into the chest through the hiatus of the diaphragm. Rest are mostly paraoesophageal hernias where a part of the stomach herniates into the thorax adjacent to the oesophagus but the gastro-oesophageal junction remains within the abdomen. These hernias are asymptomatic especially the sliding variety, but symptoms like reflux, regurgitation, postprandial dyspnea, early satiety and dysphagia can also be seen. (5).

CONCLUSION:

Coexistence of right sided diaphragmatic hernia and sliding hiatal hernia is extremely uncommon. A high index of suspicion as well as thorough history taking can help in differentiating them from other pulmonary or cardiac pathologies. CT Thorax is a very important tool in this regard which clearly helps us in diagnosing such cases as well as knowing the extent of the disease and its impact on lung. Furthermore, timely diagnosis can also help in optimising surgical management in such cases.

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