ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 11 | November - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

LATE PRESENTING CONGENITAL DIAPHRAGMATIC HERNIA IN 1 YEAR OLD CHILD WITH SPLEEN AND STOMACH AS CONTENTS - A RARE CASE REPORT

Paediatrics

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ABSTRACT

Congenital Diaphragmatic Hernia (CDH) occurs due to incomplete muscularisation of the diaphragm. While majority of these cases diagnosed antenatally or present with respiratory distress in immediate newborn period. Rarely They may be seen later. In most cases intestines herniate into thoracic cavity, herniation of stomach and spleen Very being very rare. Here we report an asymptomatic child with CDH having herniation of spleen and stomach. Child underwent laparotomy noted to have defect in the posterolateral part of left hemidiaphragm with stomach and spleen herniating into thoracic cavity. Thoracic Contents were reduced and defect closed and post surgery child recovered fully.

KEYWORDS

INTRODUCTION:

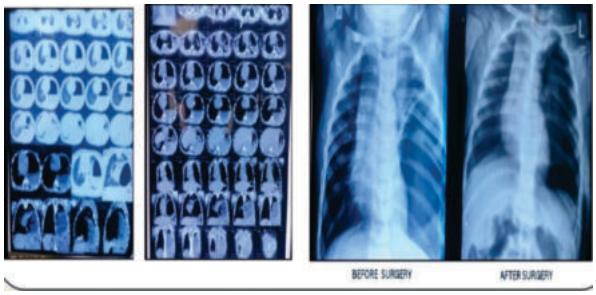
CDH occurs 1 in 2000-4000 new-borns .Commonly defect is seen on left side (8085%) posterolaterally(1).Most of cases diagnosed antenatally or immediate newborn period.However few cases may present beyond neonatal period and defined as CDH diagnosed after neonatal period, which may have been asymptomatic or only few symptoms in neonatal period and picked during routine x ray. late presenting CDH is reported to have incidence of 5-45% of all cases of CDH.Neonatal CDH carries high morbidity and mortality and where as late presenting CDH carries favorable prognosis.

Case Report:

A one year old female child was born out of non consanguineously married couple brought with complaints of cough cold since 3 days. Child born through lscs cried immediately after birth with no Significant neonatal history. There is no previous history of hospitalisation and developmentally normal. Child had good weight gain. On examination vitals were stable except for slight tachypnea. There was decreased movement and air entry on left side with shift of apical impulse to right.Other systemic examination was normal.

Investigation:

Chest X-ray showed stomach and spleen contents into left hemithorax with shift of cardiac shadow to right side. HRCT Thorax confirmed herniation of stomach and spleen into the left hemithorax. Routine investigation showed anemia for which child was transfused PRBC.



DISCUSSION:

CDH results from incomplete closure of normal pleuroperitoneal canal during fetal development (2,4).Elective Surgery is planned for stable neonates where as immediate Intervention required for unstable neonates.CDH mainly occurs in posterolateral left hemidiaphragm(Bochdalek Hernia) and sometimes Anteromedial part of right hemidiaphragm (Morgagni's hernia) (3) .contents usually include intestine and stomach rarely liver, spleen and kidney may be seen .Associated Pulmonary Hypoplasia Carries Poor Prognosis which usually occurs in antenatally detected cases(5).

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