
VIEWERS CHOICE

Acute abdomen as a presentation of congenital Morgagni hernia

Jiaan-Der Wang, MD¹; Chia-Man Chou, MD²

A 4-year-old girl presented with abdominal pain and bilious vomiting. On physical examination, tenderness over lower part of sternum was complained. KUB showed no significantly abnormal finding, but decrease bowel gas over upper abdomen region. Chest X-ray demonstrated numerous cystic lesions over retrosternal area (Figure1). Furthermore, the finding of cardiac ultrasonography showed heterogeneous mass encompassing right heart border with external compression right atrium and ventricle. According to the abovementioned features, diaphragmatic hernia was suspected.

Figure 1: Chest X-ray demonstrated numerous cystic lesions over retrosternal area, probably the presence of bowel loops in mediastinum.



The operative finding disclosed a 4 cm defect over anterior part of diaphragm with transverse colon protruding through the defect into mediastinum resulting in cardiac compression.

Congenital diaphragmatic hernias are relatively rare, occurring in 0.02% to 0.05% of live births. Congenital Morgagni hernia (CMH) is the least common type, often small and diagnosed incidentally in asymptomatic adults. In the pediatric age group, the presentation of CMH is variable and nonspecific. Commonly, the presentation is that of recurrent chest infection and rarely may present with gastrointestinal symptoms.¹ Although the outcome is more favorable, misdiagnosis can result in considerable morbidity. The aim of the report is to increase the awareness among clinicians about the possibility of this disorder presented with gastrointestinal emergency. Chest X-ray should be considered in children presenting with unexplained gastrointestinal symptoms. In addition, careful interpretation of the image makes the rapid diagnosis.

Reference

1. Al-Salem AH. Congenital hernia of Morgagni in infants and children. *J Pediatr Surg.* 2007 ; 42:1539-43.

From: Division of Pediatric emergency¹ and Pediatric Surgery², Taichung Armed Forces General Hospital, Taichung, Taiwan, Republic of China

Address for correspondence: Jiaan-Der Wang, MD, Division of Pediatric Emergency, Taichung Veterans General Hospital, 160, Sec. 3, Chung-Kang Road, Taichung, Taiwan, Republic of China.
E-mail: jiaander@pchome.gov.tw

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