

ABSTRACT

Unexpected Encounter of Rare Large Intestinal Obstruction: Morgagni's Diaphragmatic Hernia

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Introduction: Morgagni diaphragmatic hernia only makes up 3-4% of all diaphragmatic hernia cases. **Case Presentation:** A 78-year-old lady presented with obstructive bowel symptoms. Per abdomen soft, distended and no tenderness elicited. Abdominal X-ray showed grossly dilated loops of the large bowel. A Computed Tomography (CT) scan of the lower thorax, abdomen and pelvis shows the presence of transverse colon herniated beyond the right hemidiaphragm through a defect roughly 2.9 cm occupying the right hemithorax. Emergency exploratory laparotomy and diaphragmatic hernia repair performed. Intraoperatively noted a diaphragmatic defect at the anteromedial portion to the right of the xiphisternum. **Discussion:** Congenital diaphragmatic hernias remain rare in the adult population as most cases were symptomatic and operated on during childhood. CT scan remains the choice of imaging to diagnose this condition. Hernia of Morgagni is caused by a congenital defect in the fusion of septum transverses of the diaphragm and the costal arches. It is postulated that this weakness would later be stretched by the rise of intraperitoneal pressure, giving rise to a hernia. From 298 cases reviewed by Horton, approaches to surgery can be done via laparotomy (30%), thoracotomy (49%), laparoscopy (17%) and thoracoscopy (0.7%). Several postoperative complications have been reported including pneumonia, arrhythmias, pneumothorax,

and pleural effusion. **Conclusion:** A high index of suspicion is important in diagnosing diaphragmatic hernia, especially since the incidence is extremely rare in adults.

The various surgical approach has been described, however not one is proven superior to the other.