CONGENITAL DIAPHRAGMATIC HERNIA: LATE PRESENTATION

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ABSTRACT Congenital diaphragmatic hernia is a rare condition, which typically manifests in the first hours of life with severe respiratory distress. With this article, we intend to draw attention to congenital diaphragmatic hernia in the differential diagnosis of even older children with nonspecific gastrointestinal and respiratory symptoms.

KEYWORDS congenital diaphragmatic hernia, hemidiaphragm ageneses, congenital diaphragmatic defect

Case report
We report the case of a previously healthy 8-year-old female, admitted to the pediatric emergency room for sudden onset left posterior thoracalgia with 4-hour evolution, associated with abdominal pain and nausea—no other symptoms, such as cough, dyspnea, vomiting or fever. The clinical examination revealed a diminished vesicular murmur throughout the left lung field. Chest radiograph revealed an image compatible with the stomach in an intrathoracic position (Figure 1), and thoracoabdominal computed tomography confirmed the presence of left diaphragmatic hernia with discontinuity in the posterior segment of the left hemidiaphragm with herniation of the stomach, spleen, pancreatic tail and splenic angle of the colon into the left hemithorax. The inversion of the stomach, associated with gastric twisting at the pylorus, explained the acute symptomatology. The child underwent an emergency exploratory laparotomy. At two months follow-up, the child is clinically well without sequelae.

Discussion:
Congenital diaphragmatic hernia is a rare condition detected in less than 1/10000 newborns, which typically manifests in the first hours of life with severe respiratory distress.[1] Late presentation occurs in 5 to 25% of the cases, with a broad spectrum of respiratory and gastrointestinal symptoms.[2] The detection of the gastric air bubble above the left diaphragm on the chest radiography raises suspicion of the diagnosis; however, thoracoabdominal computed tomography allows characterization of hernia content and intestinal perfusion. All children with a congenital diaphragmatic hernia should undergo corrective surgical intervention.[3]
Conclusion:
With this clinical case, we pretend to demonstrate that it is imperative to include congenital diaphragmatic hernia in the differential diagnosis of even older children with nonspecific gastrointestinal and respiratory symptoms.

Authors’ contributions
All the authors collected and analyzed the data and performed image reconstruction; Raquel Monteiro Costa wrote the manuscript. All authors have read and approved the final manuscript.

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Conflict of interest
There are no conflicts of interest to declare by any of the authors of this study.

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