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## INTRODUCTION

Diaphragmatic hernias arise from defects in the structure of the diaphragm, with passage of abdominal contents to the thorax. The acquired ones, usually, are related to trauma. The congenital result from errors in the formation and closing of the diaphragm. When anterior or retrosternal, from a defect of fusion of the anterior pleuroperitoneal membrane with the sternum and costal cartilages, they are known as Morgagni's hernias (MH). MH is the least common congenital diaphragmatic hernias, consisting in 2% of cases. Symptoms usually start in childhood but the majority of cases are incidentally diagnosed in adults, on chest radiographs. Elective surgical treatment is indicated even in asymptomatic patients, with the aim of avoiding complications such as incarceration and strangulation.

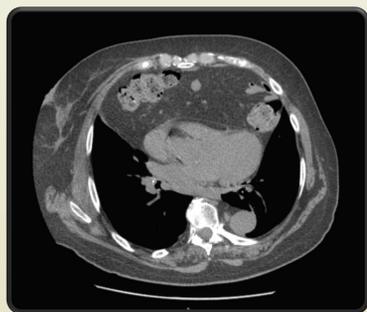
## CASE REPORT

- Female patient, 70 y.o.
- No history of trauma, no past diseases
- Complaints with more than 10 years: **easy fatigue, some dyspnea, retrosternal and epigastric pain, constipation, abdominal distension**
- Physical examination: **intestinal noises at precordium auscultation**



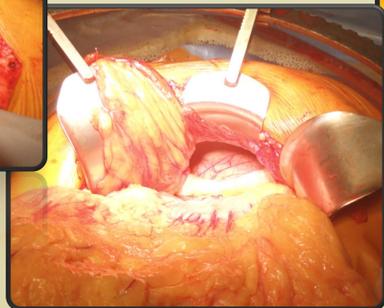
**Chest X-Ray**  
Bowel in both hemithorax

REFERRED TO  
**GENERAL SURGERY  
DEPARTMENT**



**Chest CT** - Morgagni hernia containing transverse colon and mesenteric fat; posterior heart dislocation

## SURGERY



**SUBCOSTAL LAPAROTOMY APPROACH**  
(Old, bulky and incarcerated hernia)

**REDUCTION OF THE HERNIA**  
STOMACH, TRANSVERSE COLON AND OMENTUM

**FLAP OF ROUND AND FALCIFORM LIGAMENT**  
TO FILL THE LARGE CAVITY

**PRIMARY REPAIR OF HERNIA DEFECT WITH**  
NON-RESORBABLE SUTURE

- Discharged at 5<sup>th</sup> p.o. day
- Asymptomatic ever since

## CONCLUSION

The diagnosis of a Morgagni hernia is difficult and often delayed due to unspecific symptoms. Contrast thorax CT is the most sensitive diagnostic method, demonstrating the extension and the content of the hernia. Elective surgical treatment is mandatory, even in asymptomatic patients, with the aim of avoiding complications such as incarceration and strangulation. The outcomes are usually good. The primary repair is usually possible, but mesh may be required in larger defects