

A CASE OF STOMACH DOWN CONGENITAL DIAPHRAGMATIC HERNIA: PRENATAL DETECTION AND POSTNATAL OUTCOME

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- **Prenatal** - G1P0, 35w5d, FTS neg, Anomaly scan Normal

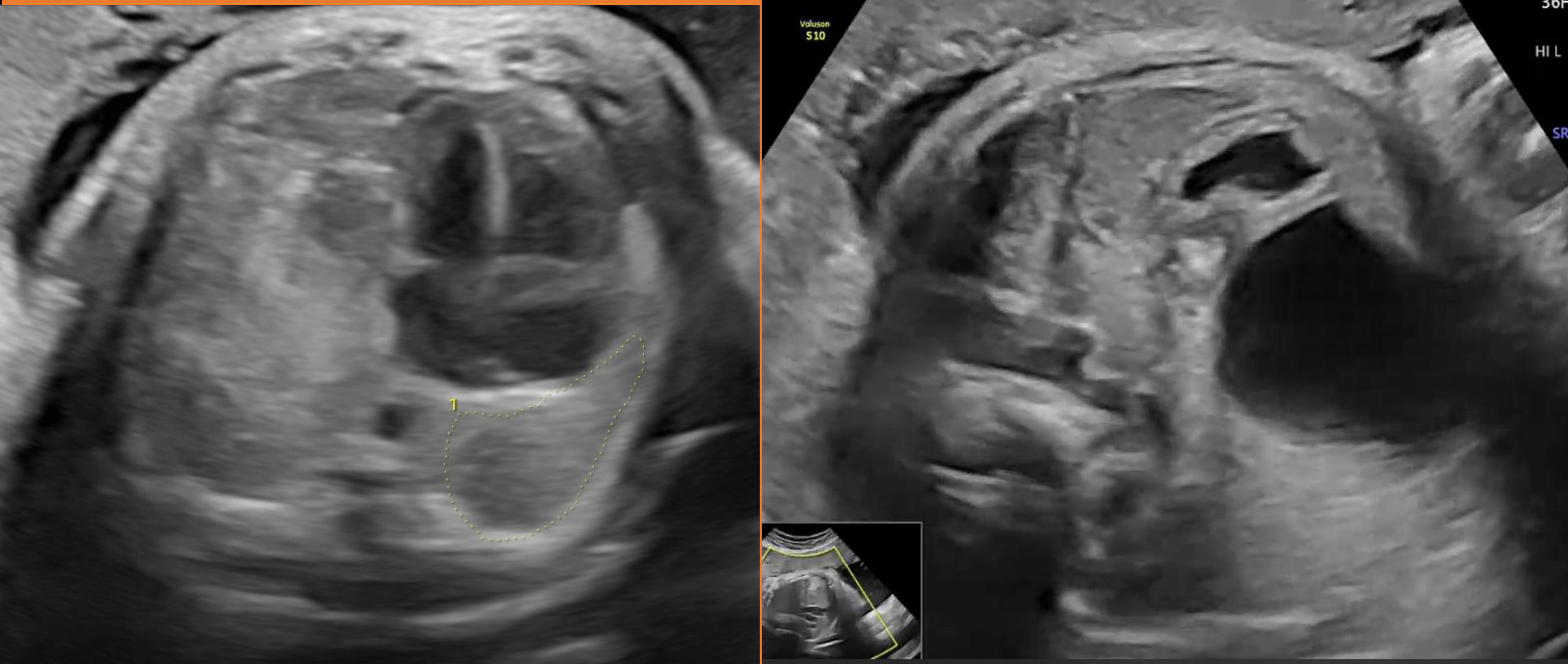


Image 1– Axial section of fetal thorax showing **mediastinal shift**

Image 2 – Showing proximity of Urinary bladder and Stomach in axial views



Image 3– Axial section of fetal thorax showing bowel loops in left hemi-diaphragm
Arrow

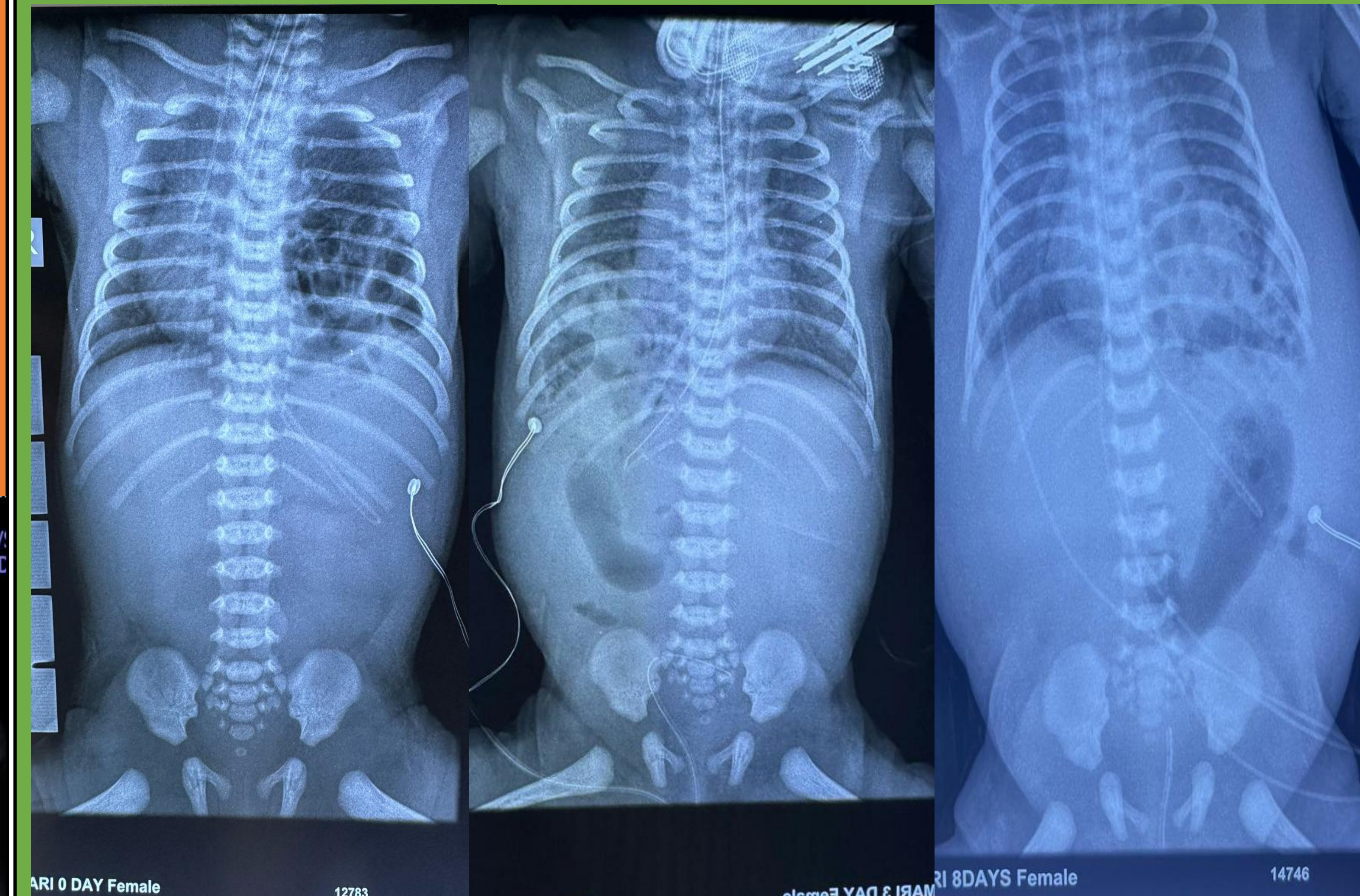
Image 4- 3D multiplanar Left parasagittal view showing diaphragmatic defect and herniated large bowel loops

- **Postnatal**

Delivery at 39 weeks By LSCS for MSL

Postnatally the baby was initially kept on conventional ventilation, but soon required HFOV, multiple inotropes to maintain systemic blood pressure, and iNO, due to PAH
Nasogastric aspiration was continued and TPN was given for nutrition.

Corrective surgery was offered on day 14 postnatally.



Day 0

Day 3

Day 8

Image 5-7 – Showing progressive improvement of the mediastinal shift on HFOV

- **Intra Op and Post Op**

The defect was approached by a subcostal abdominal incision on the ipsilateral side.

There was a large posterolateral defect without a sac.

The posterior lip of the diaphragm was absent.

The left lung was small.

Small bowel loops, ICJ, Asc, and A part of the transverse colon up till splenic flexure were seen in the thoracic cavity.

The defect was closed with Prolene. The post-surgical course was uneventful.
3 month follow up was reported to be normal.

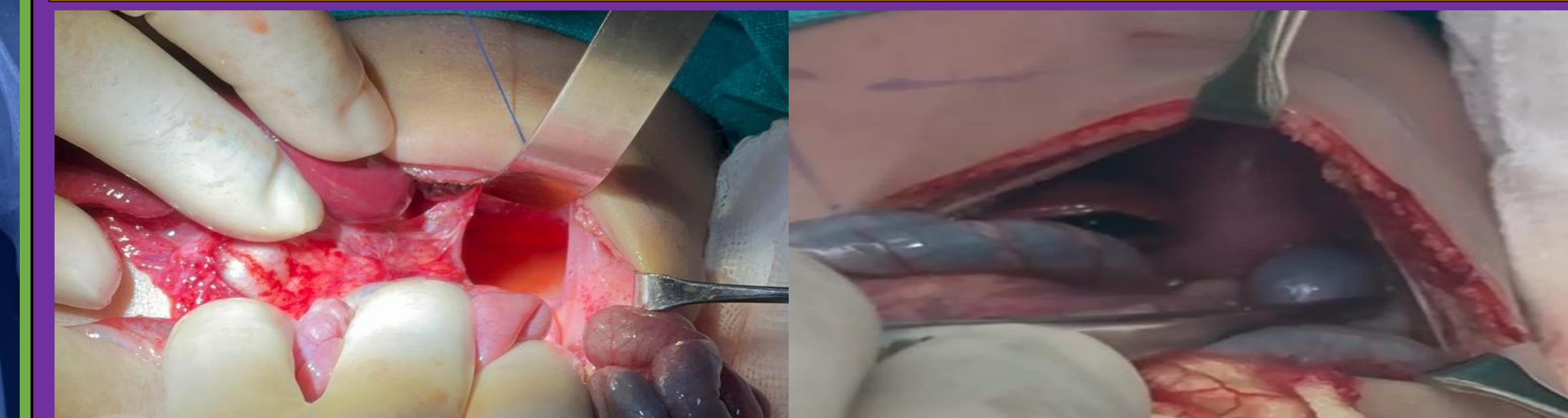


Image 8- intra-op the defect

Image 9 – Herniated bowel loops in to the defect

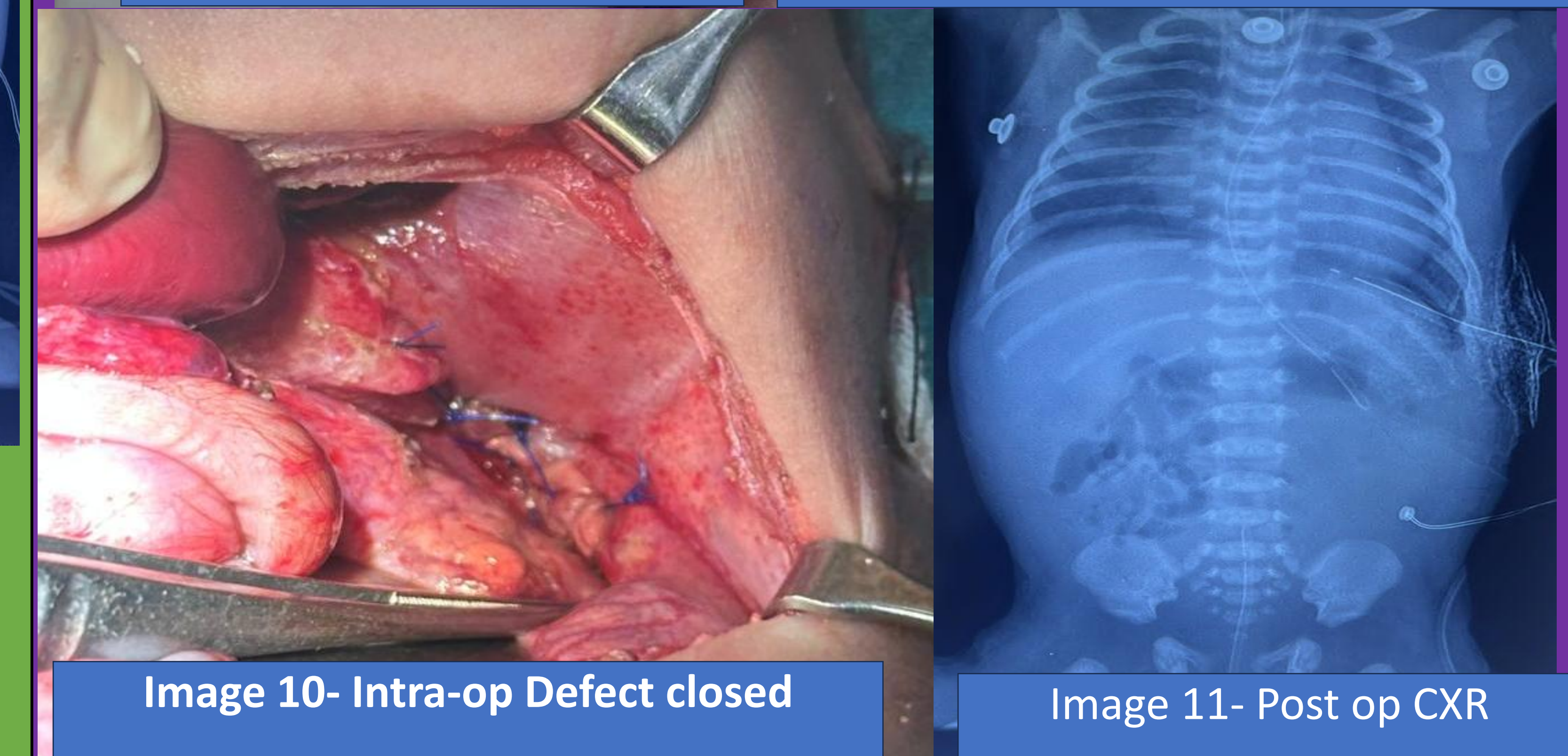


Image 10- Intra-op Defect closed

Image 11- Post op CXR

CONCLUSION

Third-trimester ultrasound enables early detection of late-onset CDH, facilitating optimized intrapartum and postpartum care, leading to improved neonatal outcomes