

Prenatal diagnosis of congenital diaphragmatic eventration: a case series highlighting sonographic differentiation from CDH

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Introduction

Congenital diaphragmatic eventration (CDE) is a rare anomaly frequently misclassified prenatally as congenital diaphragmatic hernia (CDH). CDH carries high mortality and frequently requires early neonatal surgery, whereas CDE follows a significantly more favorable course.

Methods

Case series of three fetuses evaluated at a tertiary fetal medicine unit for suspected CDH.

Results

Three fetuses with CDE identified; sonographic findings diverged from previously reported;

- Mediastinal shift (a CDH marker) present in all three
- Pleural effusion (said to favor CDE) absent in all three
- Decisive sign: intact but elevated hemidiaphragm
- Postnatal outcomes favorable overall

Table 1. Summary of the three CDE cases

Parameter	Case 1	Case 2	Case 3
GA at diagnosis (weeks)	34+6	32+5	41+0
Side / mediastinal shift	Left / Yes (mesocardia)	Right / No	Right / Mild left
Organs in thorax	Stomach, spleen, liver	Liver	Liver
Genetic work-up (CMA + WES)	Normal	Normal	None
Associated anomalies	Intrahepatic portosystemic shunt	None	None
Postnatal outcome	Successful plication at 2 months (persistent tachypnea and FTT)	Conservative management; awaiting weight gain for elective surgery	Minimal eventration; surveillance only

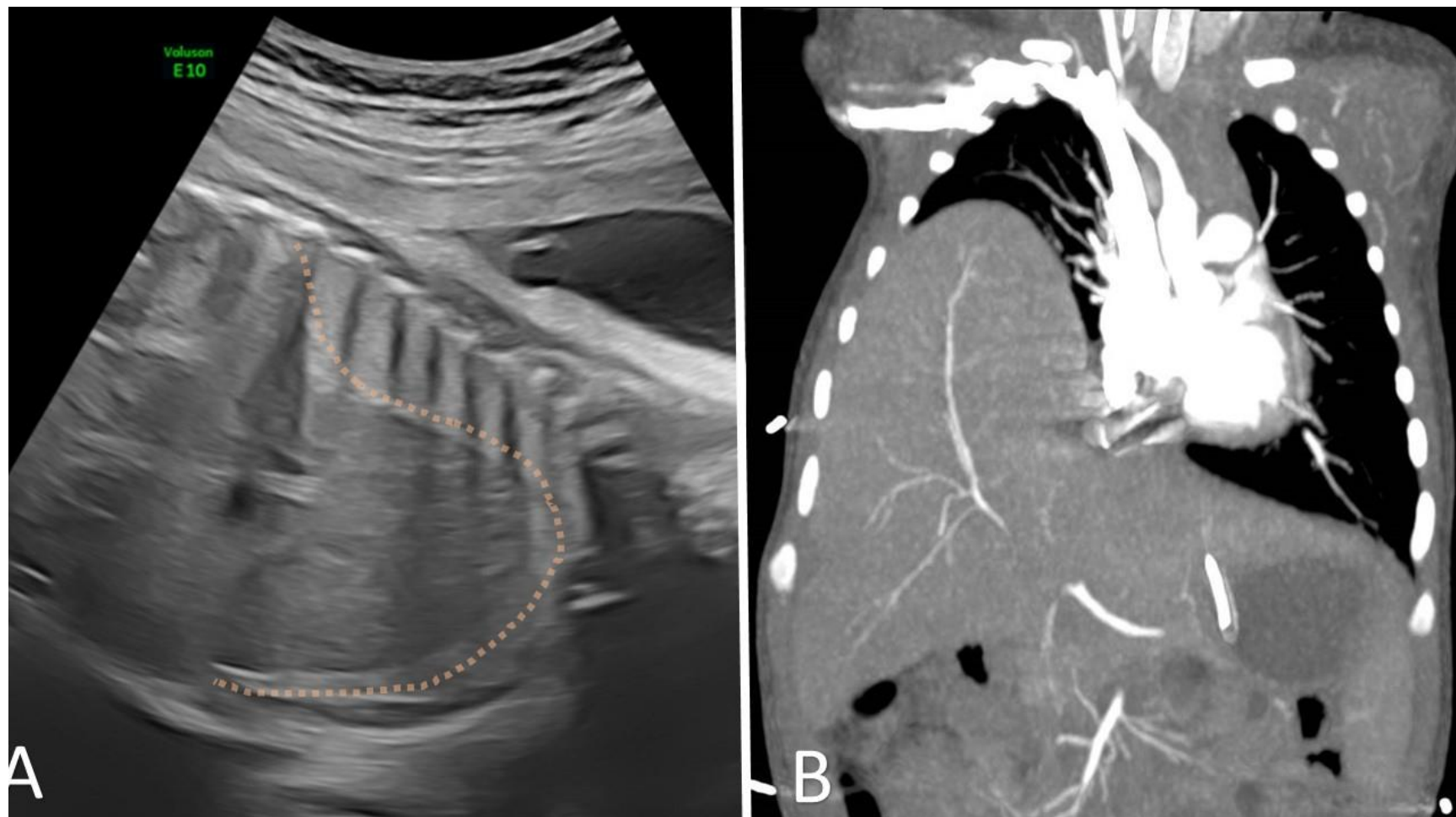


Figure 1. (A) Parasagittal ultrasound, right-sided CDE (case 2); dotted line marks the intact elevated hemidiaphragm. (B) Coronal CT after delivery confirming right hemidiaphragm eventration with elevated liver.

Conclusion: Prenatal distinction between CDE and CDH is essential for accurate counseling and multidisciplinary delivery planning.