# LAPAROSCOPIC REPAIR OF DIFFERENT TYPES DIAPHRAGMATIC HERNIA
## (A SERIES OF 6 CASES)

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## INTRODUCTION

- Most Diaphragmatic hernia in adult are usually Traumatic rarely it may be a late presentation Congenital Diaphragmatic Hernia (2-3%).
- It may be Bochdalek (80-90%)
  - -Morgagni (2-3%)
  - -Larrey
  - -Other anterior & Central tendon defect

## TYPES OF HERNIA

- Bochdalek:-Through defect in the posterior attachment of diaphragm
- Morgaggni Hernia:-Herniation through right sternocostal hiatus
- Larrey hernia:-Through Left strenocostal hiatus
- Traumatic :- Usually in the dome

## PRESENTATION

- *In adults :- Non-specific S/S* dyspnoea, cough, pain, & recurrent chest infection
- *Sometimes life threatening conditions like obstruction, strangulation, perforation.*

## DIAGNOSIS

- X-Ray Chest
- CECT Thorax & Abdomen
- MRI
- Barium Enema

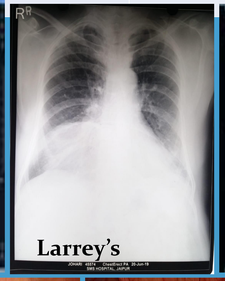
## PATIENT DEMOGRAPHICS

| | AGE | PRESENTATION | TYPE | SIDE | COMPLICATIONS | FOLLOW-UP |
|---|---|---|---|---|---|---|
| 1ST CASE | 42 YRS | CHEST PAIN | TRAUMATIC | RIGHT | UNEVENTFUL | 6YEARS |
| 2nd CASE | 35YRS | DYSPNOEA, CHEST PAIN | TRAUMATIC | LEFT | UNEVENTFUL | 5 YEARS |
| 3RD CASE | 62YRS | PAIN ABDOMEN | MORGAGNI | RIGHT | UNEVENTFUL | 4 YEARS |
| 4TH CASE | 47YRS | DYSPNOEA, PAIN ABDOMEN | LARREY | LEFT | UNEVENTFUL | 3YEARS |
| 5TH CASE | 22YRS | CHEST PAIN, DYSPNOEA, DYSPEPSIA | MORGAGNI | RIGHT | UNEVENTFUL | 2 YEARS 8MTHS |
| 6 TH CASE | 65 YRS | DYSPHAGIA, PAIN ABDOMEN, VOMITING | LARREY | LEFT | UNEVENTFUL | 2 YEAR 7MTHS |









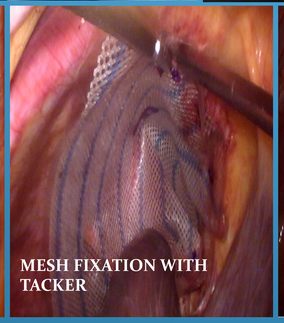


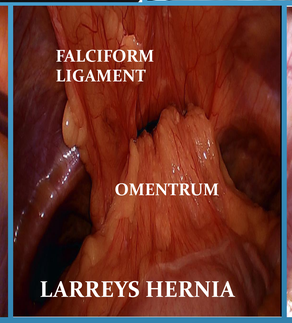














## DIFFERENTIAL DIAGNOSIS

- Intrathoracic tumour
- Atelectasis
- Pneumonia
- Pericardial cyst

## MANAGEMENT

- Surgery is the mainstay of treatment to avoid all future complications
- Trans-abdominal approach
- Trans-thoracic approach
- Laparoscopic repair

## ADVANTAGE OF LAPAROSCOPIC REPAIR

- Perfect visualisation of hernial sac
- Easy reduction of content under vision
- Defect can be sutured under magnified view
- Tension free safe stapling of the mesh on the diaphragm without injuring surrounding structures like peri-cardium & aorta

## CONCLUSION

- Laparoscopic repair of all types of uncomplicated diaphragmatic hernia is safe & should be the procedure of choice.
- It provides tension free mesh repair under direct vision