AIR BUBBLE IN RIGHT THORACIC CAVITY OF A SEPTUAGENARIAN: A RARE CASE OF MORGAGNI HERNIA WITH MESENTERO-AXIAL GASTRIC VOLVULUS

Dr. Saniya Joshi, Dr. Shashi Sharma, Dr. Naveen Gupta, Department of General Surgery, Mahatma Gandhi Memorial Medical College and MY Hospital, Indore, Madhya Pradesh, India

INTRODUCTION:

- FIRST DESCRIBED IN 1769 BY ITALIAN ANATOMIST AND PATHOLOGIST GIOVANNI MORGAGNI, MORGAGNI HERNIA (MH) IS RAREST OF ALL CONGENITAL DIAPHRAGMATIC HERNIAS (2-5% OF CASES) AND IS USUALLY ASYMPTOMATIC
- RIGHT ANTEROMEDIAL LOCATION IS CHARACTERISTIC
- MESENTEROAXIAL GASTRIC VOLVULUS (MAGV) IS AN UNCOMMON SUBTYPE AND PRESENTS AS A LIFE THREATENING SURGICAL EMERGENCY
- MH COMPLICATED BY MAGV PRESENTING AS ACUTE ABDOMEN IS AN EVEN RARER ENTITY

CASE REPORT:

- A 70 YEAR OLD MALE PRESENTED TO EMERGENCY DEPARTMENT WITH COMPLAINTS OF INTRACTABLE VOMITING AND PAIN IN ABDOMEN SINCE 3 DAYS.
- HE HAD SIMILAR COMPLAINTS IN THE PAST, MANAGED CONSERVATIVELY.
- PER ABDOMEN EXAMINATION, F/S/O SOFT AND DISTENDED ABDOMEN WITH DIFFUSE TENDERNESS. NO E/O GUARDING/RIGIDITY
- NO SIGNIFICANT ABNORMALITY ON PER RECTAL EXAMINATION.

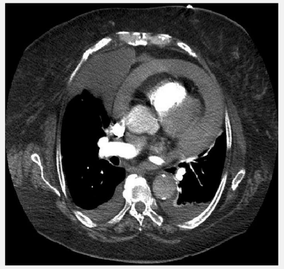


ROUTINE CHEST XRAY SUGGESTIVE OF AIR FILLED LOOP IN RIGHT SIDE OF THORACIC CAVITY

GASTROGRAFFIN DYE STUDY SUGGESTIVE OF DIAPHRAGMATIC HERNIA WITH GASTRIC VOLVULUS

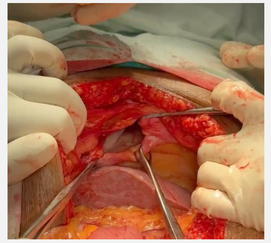


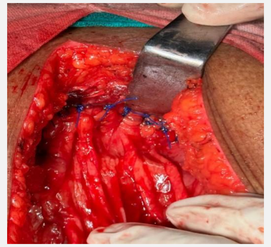




CECT SHOWS E/O LARGE ANTEROMEDIAL DEFECT (4 X 7.9CM) IN RIGHT CRUS OF DIAPHRAGM WITH INTRATHORACIC HERNIATION OF BODY AND PYLORUS ALONG WITH MESENTERY AND DUODENUM. ANTRUM AND PYLORUS NOTED SUPERIOR TO FUNDUS S/O MAGV HERNIATING THROUGH MORGAGNIAN DEFECT

EMERGENCY EXPLORATORY LAPAROTOMY WAS PERFORMED. DIAPHRAGMATIC DEFECT OF SIZE 8 X 6 CM WAS OBSERVED. GASTRIC VOLVULUS ALONG WITH MESENTERY AND DUODENUM WERE OBSERVED TO BE HERNIATING THROUGH THE DEFECT. MAGV RELIEVED SPONTANEOUSLY AFTER REDUCTION OF HERNIAL CONTENTS. PRIMARY REPAIR OF DEFECT WITH INTURREPTED NON-ABSORBABLE SUTURE AND ICD INSERTION DONE. POST OP UNEVENTFUL, PATIENT DISCHARGED AFTER FEW DAYS.





DISCUSSION:

- FREQUENTLY ASYMPTOMATIC, MH CAN PRESENT AS A SPECTRUM WITH SYMPTOMS RANGING FROM NAUSEA, VOMITING, INDIGESTION, BLOATING TO MORE LIFE THREATENING OBSTRUCTIVE FEATURES.
- SURGICAL REPAIR WITH INTERRUPTED NON ABSORBABLE IS PREFFERED WIDELY.
- NEVERTHELESS RECENT ADVANCES IN THORACOSCOPIC AND LAPAROSCOPIC TECHNIQUES OFFERS INNOVATIVE APPROACHES TO MANAGEMENT, LAPAROSCOPIC REPAIR BEING GOLD STANDARD
- MAGV IS A RARE COMPLICATION OF MH BUT SHOULD BE CONSIDERED AS A DIFFERENTIAL IN ADULTS TO ENSURE QUICK DIAGNOSIS AND EARLY TREATMENT THEREBY IMPROVING PROGNOSIS

REF: Fansur M, Atiq S. Mesentro-axial gastric volvulus in a morgagni diaphragmatic hernia in an old female. J Coll Physicians Surg Pak. 2011 May;21(5):299-300. PMID: 21575540; Sahin A, Artas H, Yalniz M. A Rare Cause of Right-Sided Air Bubble on Chest Radiograph: Intrathoracic Gastric Volvulus Related to Morgagni Hernia. Case Rep Gastroenterol. 2017 Mar 3;11(1):103-108. doi: 10.1159/000457790. PMID: 28611561; PMCID: PMC5465793