

IMAGES IN EMERGENCY MEDICINE

Pediatrics

Infant with respiratory distress and shock

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1 | PATIENT PRESENTATION

A 1-month-old male patient with bilateral, mild hydronephrosis and an atrial septal defect was referred due to respiratory syncytial virus (RSV) bronchiolitis. Following term delivery (birth weight, 3870 g), on day 2 of life, chest and abdominal radiography revealed no abnormalities. Three days before admission (day 1), he had a cough and a positive RSV rapid antigen test. The cough improved (day 3). Dyspnea, feeding difficulty, and grunting occurred, but no cough or rhinorrhea (day 4). Physical examination showed subcostal retraction, marked decreased breath sounds on the left, and cold extremities but no wheezing. Chest radiography revealed intestinal gas in the left thoracic cavity, compressing the heart rightward (Figure 1), causing respiratory distress and compensated shock.

2 | DIAGNOSIS

2.1 | Late-presenting congenital diaphragmatic hernia

The diagnosis was a late-presenting Bochdalek congenital diaphragmatic hernia (CDH) with small intestine and transverse colon prolapsing through the diaphragmatic defect (2 cm × 2 cm). The defect was sutured, and the patient was discharged without sequelae 7 days after admission.

Late-presenting CDH is defined as CDH diagnosed after the neonatal period, with a reported frequency of 5%–25% of CDHs.¹ It has

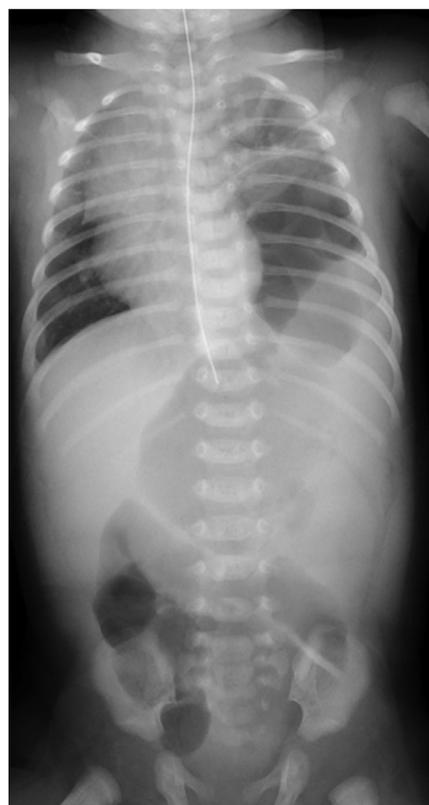


FIGURE 1 Late-presenting congenital diaphragmatic hernia. The chest radiograph shows intestinal gas in the left thoracic cavity, compressing the heart rightwards.

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a wide variation in presentation, with nonspecific respiratory and gastrointestinal symptoms, and varying age of onset.²⁻⁴ Therefore, late-presenting CDH is difficult to diagnose and may lead to misdiagnosis and inappropriate treatment. CDH should be considered as a differential diagnosis when there is marked attenuation of breath sounds on one side. If it does not fit the natural course of the disease, the differential should be broadened.

INFORMED CONSENT

Informed consent for publication was obtained from the parents.

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