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A report on the congenital hepatic diaphragmatic hernia

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To the Editor: The author found a suspected congenital hepatic diaphragmatic hernia in a middle-aged male specimen about 170 cm in height. The specific report is as follows. The specimen was laid flat and the thoracic cavity and abdominal cavity were opened with conventional anatomical method. Then it was surprisingly found that most of the right lobe of the liver passed through the aortic hiatus in the diaphragm and passed through the oblique fissure hernia of the right lung into the thoracic cavity, causing the lower lobe of the right lung severely squeezed and deformed, followed by dysplasia. Gallbladder and dark green bile was also visible around it, and the left lobe of the liver was still in the abdominal cavity [Figure 1]. The project followed the principle of respecting life and voluntariness, and it had passed the review of the Ethics Committee (Approval No. JZFY201620).

The congenital diaphragmatic hernia is common in neonates but rare in adults. The incidence rate is about 1/2750 of newborn children,[1] and the mortality rate is as high as 20% to 60%.[2] Due to the special location of the liver, it is rarer for the liver to enter the thoracic cavity in a large area than other organs.[3] As we can see, although this specimen has been lain for a long time, it was still intact. The case that hernia compressing liver into the thoracic cavity is rare report in China. The clinical manifestations of congenital hepatic diaphragmatic hernia are not obvious or even have no special symptoms. It is often mixed with diseases such as the digestive system and respiratory system and is easily confused with diseases such as lung tumors and diaphragm tumors, thus making the clinical diagnosis difficult. This case is reported in the hope of helping medical staff to improve their sensitivity in diagnosing congenital hepatic diaphragmatic hernia, so as to reduce erroneous judgment or misdiagnosis rate. It can even be combined with the field of modern magnetic surgery to achieve early detection, early treatment, and prolong the lives of patients.[4]

Conflicts of interest

None.

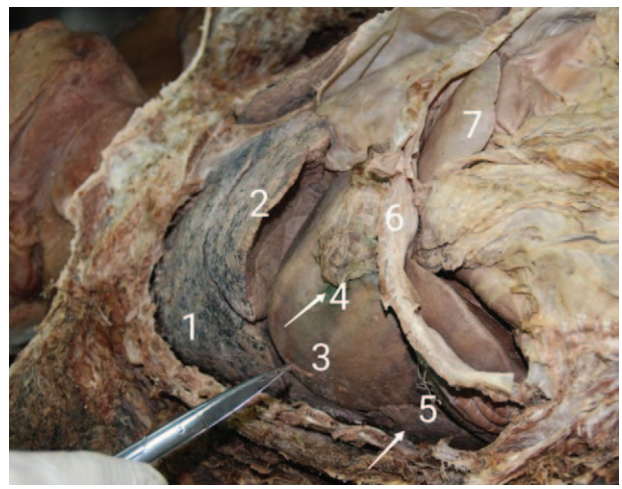

Figure 1: Focus on the lesion site of diaphragmatic hernia. The head side is left, thoracic cavity and abdominal cavity are separated by the diaphragm (6), the superior lobe of the right lung (1), middle lobe of the right lung (2), right lobe of the liver (3), gallbladder (4) and the inferior lobe of the right lung (5) in the thoracic cavity, but a small portion left lobe of the liver (7) can be seen in the abdominal cavity.

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