

A 76-year-old woman with pre-renal azotaemia and Morgagni's hernia

Silvia Spoto, Sara Fazzina and Chiara Taibi

Department of Internal Medicine, University Hospital Campus Bio-Medico of Rome, Italy

Correspondence and offprint requests to: Sara Fazzina; E-mail: sarafazzina@virgilio.it

A 76-year-old woman was evaluated for a 1-month history of diarrhoea and vomiting (10 episodes a day). On admission, serum creatinine was 9 mg/dL. Chest radiography revealed an enlarged right mediastinum containing air (Figure 1). Thoracic computed tomographic (CT) scans showed a Morgagni's hernia, characterized by an antero-medial diaphragmatic defect (64 × 25 mm), with herniation of the transverse colon and part of the omentum into the thorax (Figure 2) [1]. Morgagni's hernias are secondary to congenital defects in the anterior diaphragm. The hernia sac frequently contains omentum, but it may contain also the stomach, the bowel or the liver [2]. Symptom severity depends on the extension of abdominal contents into the thorax and the presence of strangulation [3]. Pre-renal azotaemia was treated by total parenteral nutrition, infusion of saline solution (3 L a day) [4] and dopamine 2 µg/kg/min for 2 weeks. On discharge, serum creatinine was 0.9 mg/dL.

The patient's hernia was successfully reduced by laparoscopic technique, and the diaphragmatic defect was repaired with the positioning of a composite mesh [3].

References

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Received for publication: 21.6.10; Accepted in revised form: 28.6.10



Fig. 1. Plain radiograph showed an enlarged right mediastinum containing air.



Fig. 2. Computed tomography scan confirmed the diaphragmatic hernia with herniation of the transverse colon and part of the omentum into the thorax. The arrow on the right shows the level of the diaphragm, and the one on the left shows the herniated bowel.