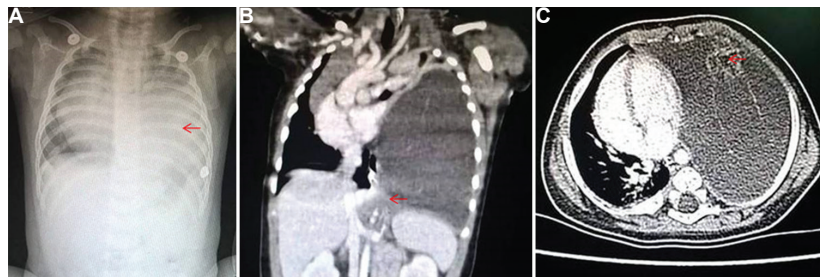
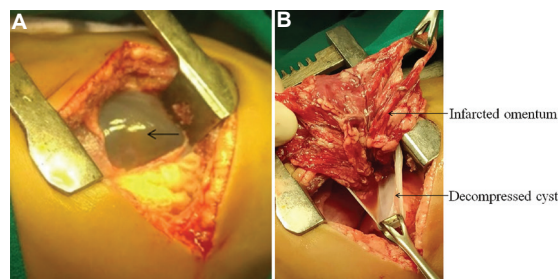




## Left Morgagni hernia with sequestered intrathoracic omental cyst



**Fig. 1.** (A) X-ray showing atypical effusion (arrow). (B) Computed tomography of the chest showing large collection in the left thorax with defect in diaphragm anteromedially (arrow). (C) Axial cut of computed tomography of the chest showing fat/omentum within the collection (arrow).



**Fig. 2.** (A) Intraoperative picture showing cyst bulging as thorax is opened (arrow). (B) Intraoperative picture showing decompressed cyst with omentum inside and infarcted omentum before omentectomy.

A four month old female infant<sup>†</sup> presented to the Paediatric Emergency of St. John's Medical College Hospital, Bengaluru, India, in September 2018, with excessive crying for the past four days. The child had tachycardia (110/min), tachypnoea (61/min) and reduced left-sided air entry. Chest X-ray (Fig. 1A) showed atypical left effusion. The child rapidly deteriorated over the next 12 h, requiring mechanical ventilation. Contrast-enhanced computed tomography of the chest (Fig. 1B) showed fat stranding within the fluid collection (Fig. 1C). An emergency left thoracotomy was done (Fig. 2A) which revealed a Morgagni hernia, sequestered omental cyst (Fig. 2B) and herniated transverse colon. The cyst was decompressed

(Fig. 2C), omentum excised and hernia repaired. The child recovered and is well on one year follow up. The sequestration cyst was probably formed due to partial strangulation of the omentum. The increasing size led to infarction and sudden deterioration.

**Conflicts of Interest:** None.

**Shalini Hegde\* & A.M. Shubha**

Department of Pediatric Surgery, St. John's Medical College Hospital, Bengaluru 560 034, Karnataka, India

\*For correspondence:  
shal.hegde@gmail.com

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<sup>†</sup>Consent to publish clinical information and images obtained from patient's parent.