

## Acute Right Bochdalek Hernia in a 67-Year-Old Patient: A Case Report

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### Aim:

Bochdalek hernias are congenital diaphragmatic defects typically diagnosed in infancy. However, late-onset cases in adults are rare and can present as acute respiratory distress or gastrointestinal obstruction. We report a case of a right-sided Bochdalek hernia in a 67-year-old patient, highlighting the challenges in surgical management.

### Material & Methods:

A 67-year-old female, ASA II, presented to the emergency department with acute onset dyspnea without respiratory distress. She was tachypneic, with an oxygen saturation of 90% on room air but hemodynamically stable. Laboratory investigations were unremarkable. A thoraco-abdominal CT scan revealed a right posterior diaphragmatic hernia containing the right colon and the terminal ileum, without signs of bowel ischemia. Emergency surgery was performed via an initial laparoscopic approach. Due to difficulty in reducing the herniated contents, despite enlargement of the diaphragmatic defect, conversion to a right subcostal incision was necessary. The exploration revealed a right colonic volvulus with two complete twists and pre-perforative signs at the constriction site. A right hemicolectomy with double-barrel stoma formation was performed, followed by primary diaphragmatic defect closure, chest, and abdominal drainage.

### Results:

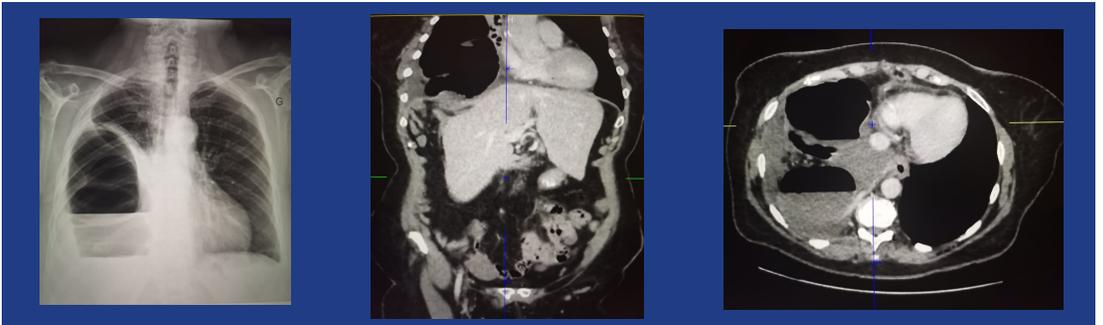
Emergency surgery revealed a right Bochdalek hernia with colonic volvulus. Laparoscopy was converted to open surgery. A right hemicolectomy with stoma was performed. The diaphragmatic defect was closed primarily. Postoperative course was uneventful.

### Discussion:

Bochdalek hernias are rare in adults, especially on the right side. They may present with acute symptoms like dyspnea or obstruction. In our case, CT scan confirmed a right-sided hernia with colonic volvulus. Initial laparoscopy was attempted but conversion to open surgery was necessary. Resection and stoma were performed due to pre-perforative signs. Early diagnosis and prompt surgery are key to avoid complications. Adaptability of surgical approach is essential in complex cases.

### Conclusion:

Late-presenting Bochdalek hernias in adults pose diagnostic and surgical challenges. While laparoscopy is the preferred initial approach, conversion to open surgery may be required in cases of voluminous or strangulated hernias. Early recognition and prompt surgical intervention are essential to prevent life-threatening complications.



### References:

1. Herniation through the foramen of Bochdalek in adults: A systematic review (2023). This review highlights the clinical presentation and surgical outcomes of Bochdalek hernias in adults, emphasizing the importance of early diagnosis. (Springer)
2. Laparoscopic versus open repair of diaphragmatic hernias: A comparative analysis (2022). This study compares laparoscopic and open approaches, supporting the use of laparoscopy in most cases but acknowledging the necessity of conversion in complex cases. (OUP Academic)
3. Bochdalek hernia with colonic volvulus in adults: A rare surgical emergency (2021). This case series discusses the surgical management of Bochdalek hernias complicated by colonic volvulus, similar to our case. (Academia)