

Bochdalek hernia in a young adult: a case report

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Aim:

To report a rare case of a diaphragmatic hernia in an adult presenting with respiratory symptoms and discuss the diagnostic and surgical management.

Material & Methods:

A 27-year-old female with no prior medical history presented with dyspnea and leftsided basithoracic pain. She had an oxygen saturation of 90%, requiring supplemental oxygen, while remaining hemodynamically stable. A chest X-ray showed elevation of digestive content into the thoracic cavity. A CT scan confirmed a left-sided posterior diaphragmatic hernia with colonic content, without signs of ischemia.

Results:

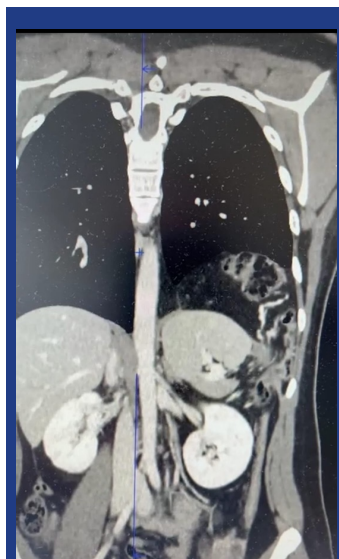
The patient underwent laparoscopic surgery, which revealed a left-sided Bochdalek hernia containing viable colonic loops. The colon was reduced into the abdominal cavity, and the diaphragmatic defect was closed using non-absorbable sutures reinforced with a Vicryl mesh. The postoperative course was uneventful, and the patient was discharged on postoperative day 3 in good condition.

Discussion:

Diaphragmatic hernias in adults are rare, particularly Bochdalek hernias, which are more commonly diagnosed in neonates (1). The primary presentation in this case was respiratory, reflecting pulmonary compromise caused by herniated abdominal content(2). Laparoscopic repair is an effective and minimally invasive approach, offering excellent visualization for defect assessment and repair(3). Reinforcement of the diaphragmatic closure with a mesh is recommended to reduce the risk of recurrence, especially in larger defects.

Conclusion:

This case underscores the importance of considering diaphragmatic hernia in the differential diagnosis of dyspnea and chest pain, even in young adults without prior medical history. Laparoscopic repair provides a safe and effective treatment option with minimal recovery time.



References:

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