Images in...

Morgagni hernia—an uncommon cause of gastric outlet obstruction

Tim Rattay,¹ Sukhbir Ubhi²

¹Department of Hepatobiliary Surgery, University Hospitals of Leicester, Leicester, UK;

²Department of Surgery, University Hospitals of Leicester, Leicester, UK

Correspondence to Dr Tim Rattay, timrattay@doctors.org.uk

DESCRIPTION

A 79-year-old man was admitted with a 3 day history of profuse vomiting. Plain chest x-ray on admission showed an elevated right hemidiaphragm. The abdominal film was within normal limits. A nasogastric tube was inserted and the patient was rehydrated. Subsequent CT of chest and abdomen demonstrated an anterior diaphragmatic hernia with the antrum, body and pylorus of stomach, along with the transverse colon in the chest (figures 1–3). The patient underwent a successful laparoscopic repair, with reduction

of the contents and closure of the defect by means of a composite mesh repair. Non-traumatic diaphragmatic herniae causing gastric outlet obstruction are uncommon in adulthood. They usually present as a result of a previously undetected congenital hernia. In contrast to the posterolateral Bochdalek hernia, which is most frequently found on the left side of the diaphragm, a Morgagni hernia arises anteriorly through the sternocostal hiatus of the diaphragm most frequently on the right side. The incidence of Morgagni hernia among all diaphragmatic defects is less than 5%. The majority of Morgagni herniae are asymptomatic and are detected incidentally in adulthood. They may present as emergency with shortness of breath, gastric outlet obstruction, or acute strangulation and peritonitis.¹ CT remains the preferred imaging modality as plain films are often non-specific. Surgical repair is usually required in these acute presentations, but should be considered for asymptomatic cases to avoid the future risk of strangulation.²

Figure 1 CT scan coronal overview showing stomach (S) and transverse colon (TC) in the right chest above the diaphragm (D). A nasogastric tube (NG) is seen entering the fundus of the stomach from the oesophagus.

Figure 2 CT scan sagittal view showing oesophagus (Oes) containing a nasogastric tube (NG) anterior to aorta (Ao) and an anterior diaphragmatic hernial defect (Her) traversed by stomach (S) and transverse colon (TC) with the pancreas (P) at the level of the diaphragm.

Figure 3 CT scan transverse slice showing stomach (S) and transverse colon (TC) in the right side of the chest. A nasogastric tube (NG) is noted in the oesophagus adjacent to the aorta (Ao) in the posterior mediastinum with the left lung (LL) in its normal anatomical position.

Competing interests None.

Patient consent Obtained.

REFERENCES

1. **Horton JD**, Hofmann LJ, Hetz SP. Presentation and management of Morgagni hernias in adults: a review of 298 cases. *Surg Endosc* 2008;**22**:1413–20.
2. **Minnecci PC**, Deans KJ, Kim P, *et al*. Foramen of Morgagni hernia: changes in diagnosis and treatment. *Ann Thorac Surg* 2004;**77**:1956–9.

This pdf has been created automatically from the final edited text and images.

Copyright 2011 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.

BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Rattay T, Ubhi S. Morgagni hernia—an uncommon cause of gastric outlet obstruction. *BMJ Case Reports* 2011;10.1136/bcr.05.2011.4264, date of publication

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow