Neonatal Intrathoracic Stomach without Gastric Volvulus

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Abstract Intrathoracic stomach is a rare and serious congenital abnormality. The anomaly may be complicated by gastric volvulus and can lead to ischemic gastric infarction in the neonate. If diagnosed antenatally, neonatal management can be planned in advance so as to reduce morbidity. This anomaly must be differentiated from the more common congenital diaphragmatic hernia, as associated pulmonary hypoplasia is common in the latter and rare with gastric herniation. We report a case of intrathoracic stomach in a neonate without volvulus, fortunately a rare entity which was managed operatively, and the child has been under regular follow-up.

Keywords Intrathoracic stomach · gastric volvulus · pulmonary hypoplasia

A 10-day-old neonate was brought with complaints of increasing respiratory distress and vomiting following feeds. The child was dyspneic with absent breath sounds in the right side of the chest where his chest x ray (CXR) showed an abnormal lucency. The clinical

and radiological picture was not in favor of either congenital diaphragmatic hernia or bronchopulmonary/brochopulmonary foregut malformations. Upper gastrointestinal contrast study showed the stomach occupying the right side of the chest with coiled feeding tube (Fig. 1). Then, a computed tomography (CT) of the thorax was done which showed a discrete gas shadow in the right side of the thorax with possibility of an intrathoracic herniated stomach (Fig. 2). A diagnosis of congenital paraesophageal hernia was made and the patient was posted for surgery. Intraoperatively, the esophageal hiatus was found to be normal, the intrathoracic stomach was pulled from it, positioned in the abdomen, and anchored in its place to the diaphragm. Postoperatively, the child recovered and was subsequently discharged.

Paraesophageal hernia is seen at all ages throughout life, but rarely presents in the neonatal period. However, it has also been reported in siblings [1]. A variety of symptoms may occur, but the symptom complex is indicative of upper alimentary tract obstruction, with or without a cyanotic episode.

Intrathoracic stomach is a rare and serious congenital abnormality. The anomaly may be complicated by gastric volvulus and can lead to ischemic gastric infarction in the neonate. If diagnosed antenatally, neonatal management can be planned in advance so as to reduce morbidity. This anomaly must be differentiated from the more common congenital diaphragmatic hernia, as associated pulmonary hypoplasia is common in the latter and rare with gastric herniation.

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Fig. 1 Upper gastrointestinal contrast study showing the stomach occupying the right side of the chest with coiled feeding tube

Fig. 2 Computed tomography (CT) of the thorax which show a discrete gas shadow in the right side of the thorax with possibility of intrathoracic herniated stomach

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Reference

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