CLINICAL SNAPSHOT

Discovery of Morgagni Hernia During Screening Colonoscopy

During screening colonoscopy in a 57-year-old symptom-free man, a sharp kink was encountered circa 90 cm from the anus. Neither the lumen nor an externally palpating finger could be discerned through the endoscope, and the endoscopy light was not visible through the skin. The site of the kink was marked with a clip. Subsequent virtual CT colonography showed herniation of the transverse colon through the right sternal-costal triangle (Morgagni hernia); the clip lay at the vertex of the hernia at the level of the left atrium. Because the patient showed no symptoms, treatment was initially conservative. When cholecystectomy became necessary 4 years later, the hernia was repositioned laparoscopically and the defect repaired using the IPOM technique. Diaphragmatic hernias are very occasionally encountered as incidental findings on colonoscopy. Only a small number of individual cases are described in the literature, mostly associated with a complication of endoscopy (perforation, pneumothorax). Failure to see either the lumen or the endoscopic light should bring to mind the possibility of a thoracic hernia. Fluoroscopy can be considered if it seems appropriate, otherwise the investigation should be discontinued.

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