CONGENITAL DIAPHRAGMATIC HERNIA

(A Case Report)

by

S. MISRA,*

and

P. GUPTA**

Congenital diaphragmatic hernia has its importance because of high neonatal mortality rate. The commonest defects according to Ekman are:

1. Defect in pleuroperitoneal canal.
2. Absence of the peritoneal portion of the diaphragm.
3. Defect in the oesophageal hiatus.
4. Defect in the foramen of Morgagni.

The case is being reported because of its rarity.

CASE REPORT

A full term elderly primigravida aged 38 years, was admitted in J.L.N. Hospital, Ajmer on 14-6-76 for confinament. She was delivered by lower segment caesarean section for foetal distress, and premature rupture of membranes. A male child weighing 7½ lbs was born with APGAR score of 9. There was no history of drug intake, eclipse, viral infection and irradiation during the pregnancy.

The baby was kept in nursery but after a few hours he developed marked respiratory distress.

On examination, the respiratory movements were diminished and the heart sounds were heard on right side of the chest. Abdomen was scaphoid. Diaphragmatic hernia was suspected and was confirmed by x-ray of the chest., which showed the loops of intestines on the left side of the chest with shifting of the mediastinum to the right side. Immediate operation for repair was decided but the parents did not give the consent and the baby expired after 5-6 hours of birth due to asphyxia.

*Reader.

Ex. Professor, Department of Obstetrics and Gynaecology, J.L.N. Medical College and Hospital, AJMER.

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Discussion

The incidence of the diaphragmatic hernia is 1:2000 births. In 90% of patients in whom the diagnosis is made soon after birth a left sided hernia is present (Forfar). This constitutes a medico-surgical emergency as loops of intestines herniate into the thorax leading to severe respiratory distress. Occasionally it may not be recognised untill late infancy or early childhood when recurrent respiratory infections, vomiting, and signs of intestinal obstruction draw attention towards this condition.

The fact that diaphragmatic hernia occurs more commonly on the left side is because the left sided defects are larger and the liver prevents the herniation of the viscera on to the right side (Potter).

Butler and Claireaux (1962) found that a high proportion of babies with this defect die soon after birth and suggested that urgent surgical treatment might lead to an increase in number of survivors.

The best method and treatment of this condition is repair of the hernia regardless of the age of the baby and the respiratory distress that may be present (K. Indra Bai, 1973).

The inferance can be drawn that though the mortality of this condition is very high but many of the children can be saved if an operation as soon as the condition is diagnosed is performed.

References

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See Figs. on Art Paper VIII-IX