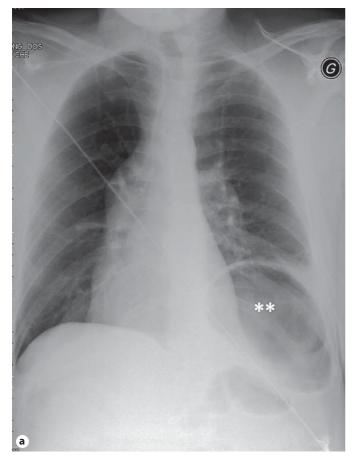


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Intrathoracic Spleen due to Bochdalek's Hernia in an Adult

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A 44-year-old male with several known congenital malformations presented with long-lasting dyspepsia and acute epigastric pain to our emergency department. Physical examination revealed an abdominal distension with left upper quadrant tenderness. The laboratory tests were normal but chest radiography showed an 'air bubble' in the left thorax with mediastinal shift to the right (fig. 1a). Thoracoabdominal computed tomography re-

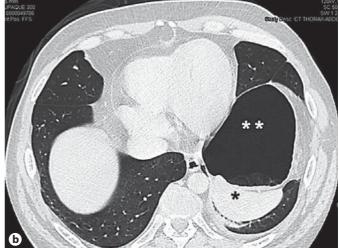


Fig. 1. a Conventional chest radiography showing an 'air bubble' (**) in the left thorax. **b** Thoracoabdominal computed tomography revealing a gastro (**)-spleno (*)-thorax due to a left-sided Bochdalek's hernia.

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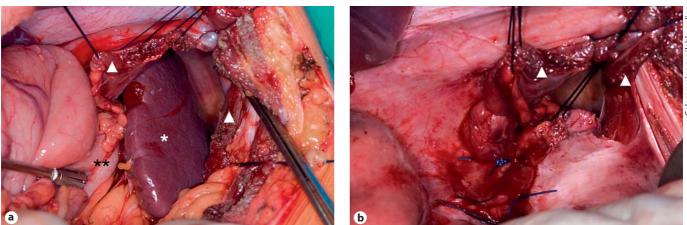


Fig. 2. a Transabdominal 'thoracoscopy' through Bochdalek's hernia showing intrathoracic stomach (**) and spleen (*) as well as diaphragmatic edges (arrowheads). **b** Transabdominal open suture repair of left-sided Bo-chdalek's hernia.

vealed a posterior diaphragmatic hernia (Bochdalek type) with displacement of stomach and spleen into the left thoracic cavity (fig. 1b). The patient underwent laparotomy with repositioning of stomach and spleen into the abdomen followed by suture repair of the diaphragmatic hernia (fig. 2). The completely asymptomatic patient left hospital after an uneventful course on the 5th postoperative day.

Bochdalek's hernia is a congenital diaphragmatic hernia that usually affects neonates. The prevalence in adults is probably underestimated and lies according to radiological and autopsy studies anywhere between 6 and 12.7%. However, symptomatic adults are extremely rare. They usually present with abdominal distension and epigastric discomfort, and imaging shows intrathoracic herniation of abdominal organs. Surgical repair can be performed by a transabdominal or transthoracic approach as either an open or minimally invasive procedure.