Letters to the Editor

Morgagni's hernia in elderly age

Key word: Diaphragmatic hernia. Morgagni's hernia. Elderly.

Dear Editor,

We present the case of a 65-year-old woman diagnosed years ago of "hiatus hernia". For a few weeks she presents subocclusive crises, because of it, she is studied in our center. In thorax X-ray, intestinal content is estimated in right hemithorax. The herniary default and its content is identified with clarity and accuracy in multiplanar reconstruction thorax -abdomen CT scan (Fig. 1), as well as anatomical secondary alterations to process's evolution. We realize supraumbilical laparotomy, great hernia sac being demonstrated containing right colon, hepatic angle and part of transverse colon, also stomach. After reduction of herniary content, primary closing of default is done, without tension, by Vycril Plus's free points (Fig. 2).

Discussion

Morgagni's hernia, described by first time in 1761, represents 2-5% of diaphragmatic congenital hernias. Its location is paraesternal, more frequent right, because pericardial sac protects the left side (1).

It is frequent that is diagnosed in adult age of an incidental way, since they are in the habit of being asymptomatic. It produces symptoms in situations of increase of abdominal pressure or when they strike new entrails in herniary sac (2). Herniary contents, according to frequency, are epiplum, colon, stomach, liver and small bowel.

With the current imaging technologies, herniary default is delimited perfectly, however herniary contents, so it is possible to plan the intervention (3).

Fig. 1. Reconstruction CT scan. It appreciates herniary content (right colon and stomach for traction) and anatomical secondary defaults (renal and intestinal displacement and anomalous hepatic disposition).

Surgical repair is the only curative treatment indicated in symptomatic adults and asymptomatic young patient, in order it

Fig. 2. Mosaic of images where it appreciates the successive surgical steps. A. Laparotomy. B. Reduction of herniary content. C. Identification of herniary sac. D. Checking indemnity of pleura. E. Primary closing of herniary default.

prevents and avoid possible complications. Laparotomy, except exceptions, is the most suitable incision. Generally it is possible

a simple primary closing, due to diaphragm laxity, without need to resect the sac. Mesh repair is indicated in wide defaults or tension closings (4).

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