

PICTURES IN DIGESTIVE PATHOLOGY

Morgagni's hernia containing an appendicular mucocele

María Díaz-Tobarra¹, Marina Garcés-Albir¹, Roberto Martí-Obiol¹, Carlos María Hevia-Ivars¹, Alfonso Morcillo-Aixela² and Fernando López-Mozos¹

¹Unit of Esophago-Gastric Surgery. Department of General and Digestive Surgery. ²Department of Thoracic Surgery. Hospital Clínico Universitario. Valencia, Spain

CASE REPORT

A 61-year-old female patient was admitted in EA presenting with dyspnea and inespecific postprandial complaints. The chest X-ray (Fig. 1) showed abdominal content into the right side of the thorax. A diaphragmatic hernia was suspected and a computed tomography (CT) was performed (Fig. 2). CT showed a Morgagni's hernia with the small bowel, the right and transverse colon and a tubular structure with calcifications which seemed an appendicular mucocele inside of it.

Surgery was indicated and a thoracic approach was first performed to remove adhesions to hernia sac. During the abdominal approach hernia content was reduced, the diaphragmatic defect repaired with a PTFE mesh and ileocecal resection was made. Pathological report informed a calcified mucinous cystadenoma. The patient was discharged without complications and no recurrence has been observed after 18 months of follow-up.

DISCUSSION

Morgagni's hernias are a type of diaphragmatic hernias representing about 3-4 % of total hernias (1). They are due to a defect in the right retrosternal region of the diaphragm (2) between diaphragm muscle fibers arising from the xiphoid to the right costal margin and insert into the central tendon of the diaphragm (1). Although they are usually asymptomatic and are diagnosed incidentally on a chest X-ray, some patients can have dyspnea, chest pain, intestinal obstruction or other symptoms (3). The suspected diagnosis is made by chest X-ray and confirmed by a thoraco-abdominal CT.

Surgery is the treatment for the symptomatic patients and also to avoid the complications such as obstruction or incarceration (4). The approach can be either thoracic or abdominal, or both if there are adhesions to hernia sac and reduction is impossible. In selected cases thoracoscopic and/or laparoscopic approach can be used. There is no consensus about which is the best type of surgery to treat the appendicular mucocele. We consider the ileocecal resection as the best curative treatment for it (5).

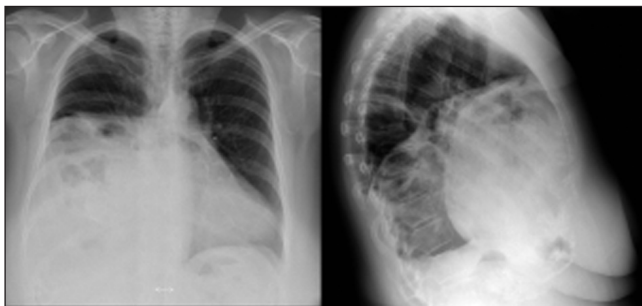


Fig. 1. Chest X-ray that revealed air-fluid levels in the right side of the chest.

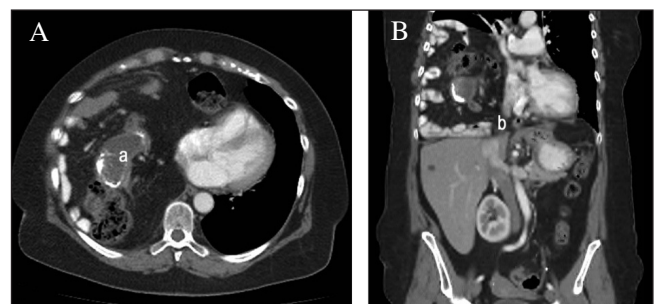


Fig. 2. Thoraco-abdominal CT-scan in which the appendicular mucocele is observed in the hernial sac (A) and the Morgagni's hernia (B).

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