Denouement and Discussion

Bochdalek Diaphragmatic Hernia

The treatment of a late-presenting diaphragmatic hernia is surgery. The reported incidence of associated defects, especially abnormal bowel fixation and/or rotation, is extremely variable, ranging from rare to common. Therefore, it is mandatory to look for associated anatomic abnormalities at the time of operation.4

Studies2 in children with late-presenting diaphragmatic hernia have described a favorable prognosis, especially in series2 published in recent years. The latter finding is most likely attributable to improved surgical and intensive care techniques and, consequently, lower rates of misdiagnosis.2

The case described here highlights 2 major points associated with late-presenting Bochdalek hernia. First, although the physical and imaging findings suggested the presence of pneumonia, the absence of fever and leukocytosis indicated another diagnosis. The coexisting symptoms of respiratory distress and symptoms suggesting gastrointestinal obstruction raised the suspicion of diaphragmatic hernia. Second, previously normal chest radiography results do not exclude the diagnosis of diaphragmatic hernia. A high index of suspicion is important because the condition could be life threatening.

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