PP102 NON – TRAUMATIC DIAPHRAGMATIC HERNIA MIMICKING TENSION PNEUMOTHORAX

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INTRODUCTION

Diaphragmatic Hernia can be congenital defect (80%) or traumatic (0.8-1.6%) where right sided is rare (68%) compared to left (80%).

CASE REPORT

A 71-year-old gentleman, known hepatocellular carcinoma presented with shortness of breath, and abdominal distention. He was alert, lethargic, tachypneic, tachycardic with borderline blood pressure. Right lung was hyperresonance with reduced air entry and trachea deviated to the left side. Abdomen was distended but non-tender. Chest x-ray showed trachea was deviated to the left with huge right pneumothorax with query bowel shadows seen at right lower zone. CT thorax showed a defect of 7.0 x 6.1 cm at anterolateral of right hemidiaphragm causing herniation of bowel into whole right thoracic cavity with lung collapse and left mediastinal shift. Ultrasound guided pleural tapping followed by thoracostomy drained a foul-smelling gas and hemoserous fluid. Repeated chest X-ray showed trachea central with bowel shadows at right hemithorax.

DISCUSSION

Lung metastatic with tension pneumothorax or bullae was suspected initially causing breathlessness. The bowel shadow was not appreciated initially in CXR till discussion with radiologist whereby right diaphragmatic hernia was confirmed by CT thorax. Ultrasound guided pleural tapping to release the thoracic pressure is lifesaving with caution not to injured the bowels.

CONCLUSION

Bowel gas collection mimicking tension pneumothorax causing shortness of breath is rare clinical presentation of non-traumatic right diaphragmatic hernia.