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radiograph is the most useful tool in the diagnosis of TDH, However, high index of suspicion is needed to diagnose promptly.

INTRODUCTION

Diaphragmatic injuries in trauma are uncommon, we reported a case of an unexpected traumatic diaphragmatic hernia (TDH) and the challenges we face in diagnosing it.

CASE REPORT

37-year old gentleman was crushed by a large piece of glass at work, presented with chest pain and shortness of breath. With working diagnosis of left tension pneumothorax, chest tube was inserted. Subsequently chest radiograph showed an elevation of left hemi-diaphragm and contralateral mediastinal shift. He becomes more tachypneic and hypoxic. Eventually he was intubated and gastric tube noted to be in the left hemithorax. CECT Thorax confirmed left hemi-diaphragm laceration with herniation of intra-abdominal content.

DISCUSSION

Blunt trauma is more common to cause TDH than penetrating injury. The initial signs and symptoms are similar to other common traumatic injuries such as pneumothorax, hemothorax and intra-abdominal injuries, the quickest diagnostic tools in emergency setting are chest radiograph and bedside ultrasound. However, these methods have its own challenges in order to be used accurately.

CONCLUSION

TDH is a challenge to diagnose. In spite of all the different imaging modalities available today, chest