

**PP068 A DELAYED  
PRESENTATION OF  
CONGENITAL DIAPHRAGMATIC  
HERNIA**

Nor Adliza Che Wahab<sup>1</sup>, Mohd Shukruddeen  
Salleh<sup>1</sup>, Norlaili Zakarai<sup>1</sup>

<sup>1</sup>*Department of Emergency and Trauma,  
Hospital Kuala Krai, Jalan Kuala Krai-Gua  
Musang, 18000 Kuala Krai, Kelantan, Malaysia*

it should be suspected in any child with abnormal CXR findings presented with gastrointestinal or respiratory symptoms.

**INTRODUCTION:**

Delayed presentation of congenital diaphragmatic hernia (CDH) is uncommon and poses a diagnostic challenge for clinicians.

**CASE REPORT:**

A 2-year-old girl, born premature at 35 weeks, was referred from a district hospital as left lung bullae. She presented with sudden onset abdominal pain, associated with two episodes of non-projectile vomiting and breathlessness since one day prior. On examination, she was tachypnoeic and tachycardic with SpO<sub>2</sub> of 98% on room air. Blood pressure was normotensive. Air entry was reduced on left side chest. Abdomen examination was normal. Initial chest X-ray (CXR) showed a thin-walled radiolucent lesion occupied left hemithorax which interpreted as left lung bullae with mediastinal shift to the right. Nasogastric tube (NGT) was inserted but it was not visualized in the left hemithorax to suggest CDH. Consent for chest tube drainage was sought from parents; nonetheless, they strongly refused despite all risks explained. She was then referred to our hospital for further stabilization.

At our emergency department, 140 mL 'coffee ground' fluid and 30 mL of air were evacuated via manual aspiration of NGT. Ultrasound examination was done, yet the finding was inconclusive. Computed tomography thorax then performed, showed NGT in the left thorax inside the left radiolucent lesion which became smaller after NGT aspiration. Diagnosis of CDH was established. On laparotomy, a 5cm X 3cm hernial defect was found at left diaphragm anterolaterally with intra-thoracic stomach, greater omentum and splenic flexure of colon. Primary repair of diaphragmatic hernia subsequently followed.

**DISCUSSION & CONCLUSION:**

CDH may present late with wide spectrum of gastrointestinal or respiratory symptoms. Misinterpretation of initial CXR may lead to unnecessary intervention like thoracocentesis or chest tube drainage. In conclusion, CDH can have a delayed presentation beyond the neonatal period and