



Dodger on CXR PA View..... Diaphragmatic Hernia

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Abstract

Background: Chest X-rays are done routinely on many indications broadcasting from infective, non-infective to fitness issues. Underestimating the importance of chest X-ray in clinical diagnosis is failure of a treating physician.

Case Report: Here we are reporting a case of diaphragmatic hernia in a middle aged lady who remained unfit for general anesthesia for her cholecystectomy because she had a lesion on chest X-ray and was labeled as pneumonia/lung abscess and got unsuccessfully treated for a long time.

Conclusion: Our case report highlighted that things become so complicated, if we close the options of rethinking. Lateral CXR has its own significance in many cases and its interpretation also a need of time.

Keywords: Hernia; CXR; Abscess; OPD

Case Presentation

A 60 year old house wife, without any pre-morbidities and addictions, presented to our OPD with her abnormal chest X-ray. On detail history she narrated that about 6 months back when she consulted a general surgeon for her isolated right hypochondrial pain. After getting medical examination and indicated investigations, she was labeled a case of acute cholecystitis with cholelithiasis. She was given oral treatment and asked to visit after a couple of weeks to assess resolution of acute condition. Her laparoscopic cholecystectomy was planned. On subsequent visit she denied any fever, vomiting and her intensity of pain was much reduced. So, she was referred to anesthetist for general fitness. Chest X-ray was done that showed left lower zone opacity and she was labeled as a case of community acquired pneumonia (Figure 1). Beside she had no sign and symptoms pertinent to CAP; she was started on treatment and asked for follow up. Her surgery was deferred till resolution of this pneumonia. Follow up visits and radiology showed persistence of this opacity, and luckily her right hypochondrial pain disappears completely during this tenure. She was again started on injectable antibiotics and labeled as having lung abscess but her chest X-ray was not improved and develop no complications. At this time she visited our OPD, after getting detailed history, examination and reviewing her chest X-rays, she was advised to get chest X-ray lateral view (Figure 2). She was advised to get her barium meal studies as suspicion of diaphragmatic defect (Hiatus hernia) and displaced stomach (Figure 3). CECT chest was also done that confirmed the hiatus hernia of sliding variety (Figure 4). She was referred to gastroenterologist and she was on anti-reflux treatment as she reports intermittent reflux symptoms (conservative treatment). She forgot her RHC pain and enjoying her life.

Discussion

Diaphragmatic diseases encompasses from malposition to defect to weakness that is eventration to hernias to palsies. Diaphragmatic hernias are of different types named morgagni (congenital), bochdalek (congenital) and hiatal hernia (congenital and acquired). Acquired hiatus hernia, that is of sliding, paraesophageal or mixed variety, is more common and its incidence increases in females with increasing age [1]. Similar to our case, patients with sliding hiatus hernia need to be on anti-reflux treatment as incidence of GERD is more with this variety.

Patients with hiatus hernia may not have symptoms at all or have severe reflux issues with chest tightness due to aspiration and these are frequent visitors of emergency department [2]. Proper investigations including barium studies having sensitivity around 77% [3] are mandatory. Usual treatment for hiatus hernia is medical unless patient is very symptomatic.

In our case chest X-ray was dodging and giving false impression of pneumonia and lung abscess

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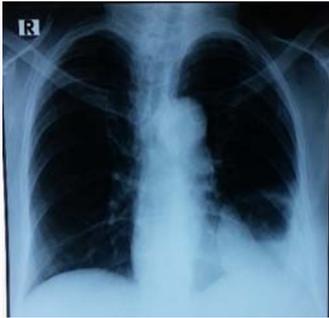


Figure 1: Chest X-ray PA view showing left lower zone opacity and obscuring diaphragmatic silhouette.



Figure 3: Barium swallow, showing retrograde filling of herniated stomach on left side.



Figure 2: Chest X-ray pa and lateral view showing elevation of left hemidiaphragm closely mimicking lung abscess.

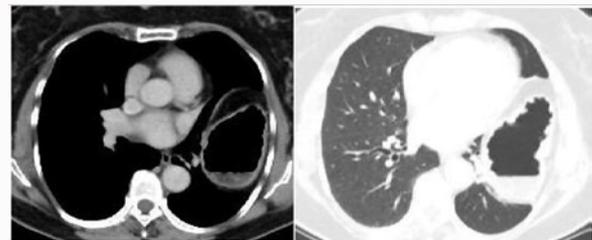


Figure 4: CT scan chest showing herniated stomach as non-homogenous opacity with left diaphragmatic defect.

and further, not show any resolution on long course of antibiotics. One of the four chief indications for demanding lateral view chest X-ray is retro-cardiac opacity. Congenital diaphragmatic hernia is one of the five unusual presentations of lung lesion which are difficult to diagnose especially in children [4]. Lung abscess is a known complication of hiatal hernia associated GERD and also a differential on imaging but barium swallow is the answer.

Conclusion

Chest X-ray is a very important tool for a physician to help out patients in many ways starting from treating their disease to getting them out for fitness purposes. Beside good clinical history, examination and standard chest X-ray PA view, lateral view has its own importance, should not be delayed when indicated and be discussed with radiologist without any hesitance. Diaphragmatic hernias have their own place (on chest X-rays) and never allowed to be missed in a symptomatic patient for a long time.

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