

## Early Presentation of Bilateral Morgagni Hernia in an Infant Case Report

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### Abstract

In this report, a rare case of bilateral Morgagni hernia is enlightened in a 7-month old infant weighing 6.5 kg, presented with shortness of breath and fever for 5 days duration. There was a history of the same attack at 2 and 5 months of age and treated as a chest infection. He was admitted to pediatrics emergency unit for investigations and treatment. Plain chest radiography revealed retrosternal bowel herniation and Barrium-enema revealed bilateral big Morgagni hernia. Reduction of herniated contents (transverse colon and omentum) done with repairing of bilateral big Morgagni hernia through transabdominal approach. This case is a very rare and interesting one, because of an early bilateral presentation, and the fact that it occurred in a male infant.

### Introduction

The majority of congenital diaphragmatic hernias occur through the left posterolateral foramen of Bochdaleck and commonly these patients are symptomatic. Hernia through the foramen of Morgagni, on the other hand, is rare in children, representing 1-6 % of all types of congenital diaphragmatic hernia. It is usually asymptomatic and discovered accidentally, or if symptomatic it produces variable nonspecific symptoms which include respiratory or vague gastrointestinal symptoms, and because of this the diagnosis is usually delayed<sup>(1-3)</sup>.

Morgagni hernia is the rarest type of congenital diaphragmatic hernia. Most of the patients are females and 92% of the hernias have a hernial sac. The majority of Morgagni hernias are right-sided with rare only left sided and bilateral occurrence because of the protection provided by the pericardial sac<sup>(4,5)</sup>. The rarity of Congenital Morgagni hernia as

well as the vagueness, variability and non-specificity of symptoms lead to the delayed diagnosis. In the majority of those with bilateral Congenital Morgagni hernia, the diagnosis of bilaterality is made intraoperatively<sup>(6,7)</sup>. This report describes the diagnosis and repair of a big, bilateral Morgagni hernia.

### Case Report

A seven-month-old male infant weighing 6.5 kg was presented to the emergency room with severe dyspnea, cough and fever for five days duration. There was no history of trauma but previous twice hospital admissions due to chest infection. Physical examination revealed stable vital signs. Auscultation of the chest revealed no audible breath sounds in the bilateral lower sites of the chest. The laboratory results were in normal limits. Electrocardiogram was normal and echocardiogram measured normal cardiac chamber, volumes and ejection fraction. He had no gastrointestinal symptoms.