

Posteroanterior chest radiography showed presence of air-filled loops of bowel retrosternally. Barrium (Ba)-enema showed presence of loops of colon on both retrosternal regions (Figure 1-A). The patient was diagnosed as bilateral Morgagni hernia. He was admitted to the pediatric ward for medical treatment of his chest infection and stayed for one week until he became stable and then transferred to the pediatric surgical ward for surgical interference which was done as an emergency through trans-abdominal approach. Two

hernial openings were identified on both sides of sternum and reduction of transverse colon and omentum was done with excision of two hernial sacs (Figure 2). After reduction of the herniated contents into the peritoneal cavity, primary repair of the diaphragmatic defects was performed with nonabsorbable silk mattress sutures. The patient made an uneventful recovery. He was discharged on the 7th day postoperatively, and was well after six month follow-up.

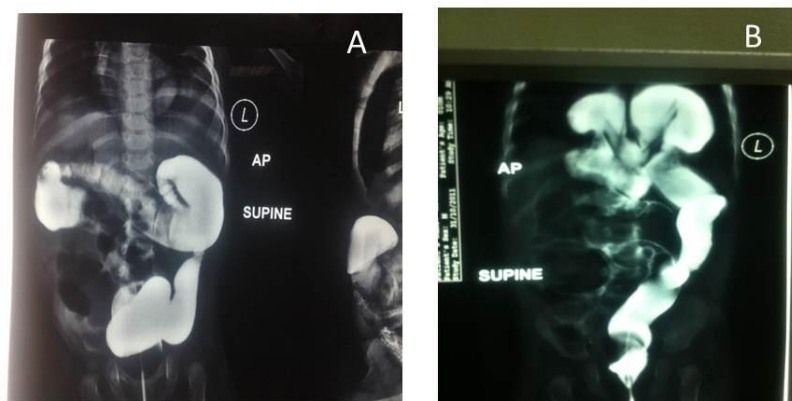


Figure 1. A Ba-enema showing bilateral Morgagni hernia at time of admission. B Ba-enema two months postoperatively



Figure 2. A & B Intraoperative bilateral Morgagni hernia, C Repair of Morgagni hernia

Discussion

Anatomically, the foramen of Morgagni is a small anterior retro-sternal defect extending from the sternum medially to the eight costal cartilages laterally. Berman *et al*⁽³⁾ in 1989 had reported only 18 cases of Morgagni hernia over a 40-year period from a large tertiary hospital, but no bilateral Morgagni hernia was reported in this study, and all of

those cases were diagnosed after the age of ten years. However, this reported case was diagnosed in infancy and was bilateral which is very rare. Pokornay *et al*⁽⁸⁾, in a series of 74 patients with congenital diaphragmatic hernia had found only 4 (5.4%) with Morgagni hernia with only one bilateral Morgagni hernia was diagnosed at 15 years of age.