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Interesting Image / İlginç Görüntü

Latent post traumatic right-sided diaphragmatic hernia with totally herniated liver

Travma sonrası karaciğerin bütün olarak fıtıklaştığı sağ yerleşimli gecikmiş diafragmatik fıtık

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Posttraumatic diaphragmatic hernia may occur after blunt and penetrating injuries and is usually associated with multiple traumatic injuries. The diagnosis is frequently missed due to lack of typical symptoms.[1] Therefore, radiologic evaluation including computed tomography scans may be crucial for early diagnosis especially in a suspicion of right-sided diaphragmatic rupture.[2]

A 56-year-old female patient who had a blunt thoracic trauma history with right lower rib fractures four years ago was admitted with progressive dyspnea. Computed tomography displayed right hemidiaphragmatic rupture and herniating hepatic flexura, liver and omentum into right hemithorax (Figures 1a-c). Additionally, herniation of gastric fundus even with gall bladder was observed in posterolateral thoracotomy. Diaphragmatic defect

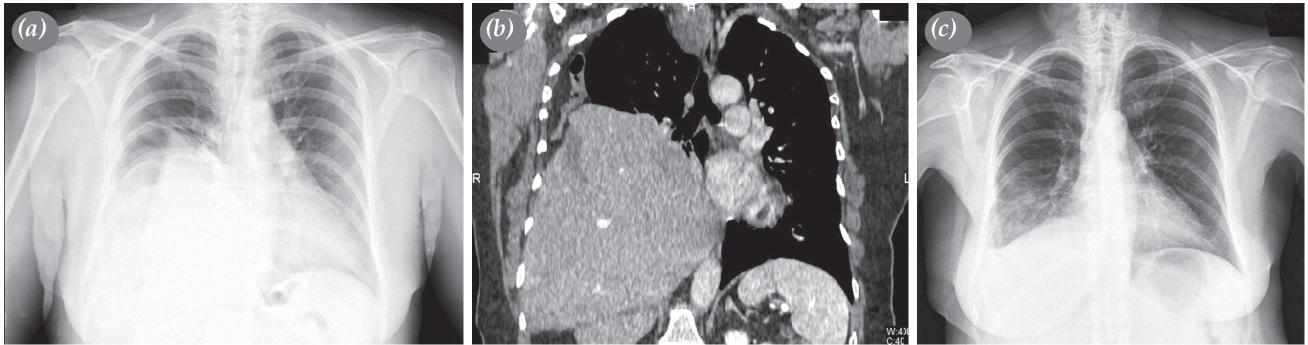

Figure 1. (a) Preoperative chest radiograph, **(b)** coronal computed tomography image showing herniated intraabdominal organs; liver, colon, omentum, **(c)** postoperative chest radiograph.

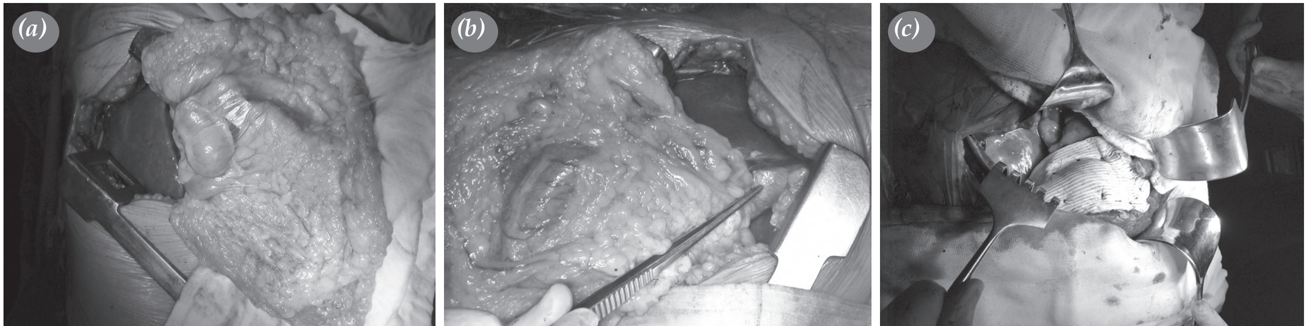

Figure 2. (a) Herniated liver, colon and omentum, **(b)** additional gall bladder seen at tip of forceps, **(c)** polytetrafluoroethylene graft after reduction of herniated viscus.

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was closed via polytetrafluoroethylene 2.0 mm thick soft tissue graft after the reduction of herniated viscus (Figures 2a-c). Patient was discharged uneventfully.

Diaphragmatic injury should be kept in mind in patients with thoracoabdominal trauma. Surgical repair is the treatment of choice in all diaphragmatic hernias and should not be postponed to reduce morbidity and mortality. A written informed consent was obtained from the patient.

Declaration of conflicting interests

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