Bochdalek Hernia

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Case Report

The image is the CT scan of 75 years old man presented by chronic lymphocytic leukemia (CLL) and basal cell carcinoma of the skin of his nose. Incidentally we found his diaphragmatic hernia (Figure1, 2).

Figure 1. CT scan of Bochdalek hernia

The diaphragmatic defect is usually posterolateral (bochdalek hernia) but it can be in anterior, retrosternal or peristernal (morgagni hernia) or rarely central. Our case was Bochdalek hernia.

Herniation usually occurs on the left (80 to
85 percent); right-sided diaphragmatic hernias occur in only 10 to 15 percent of cases. Bilateral herniation is very rare.

More common symptoms of a Bochdalek hernia are abdominal discomfort or pain, gastroesophageal reflux, dyspnea, nausea and vomiting. Many patients remain asymptomatic, and incidentally through routine imaging we find the hernia (1, 2).

Bochdalek hernia should be considered as a differential diagnosis for old patients who have gastrointestinal symptoms (3).

Conflict of Interests
Authors have no conflict of interests.

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References