

Image of the month

Morgagni's Hernia as a Cause of Acute Abdomen☆**Abdomen agudo secundario a hernia de Morgagni incarcerada**

Elena Romera Barba,* Ainhoa Sánchez Pérez, Juan Castañer Ramón-Llín,
José Luis Vázquez Rojas

Servicio de Cirugía General y del Aparato Digestivo, Hospital General Universitario Santa Lucía, Cartagena, Spain

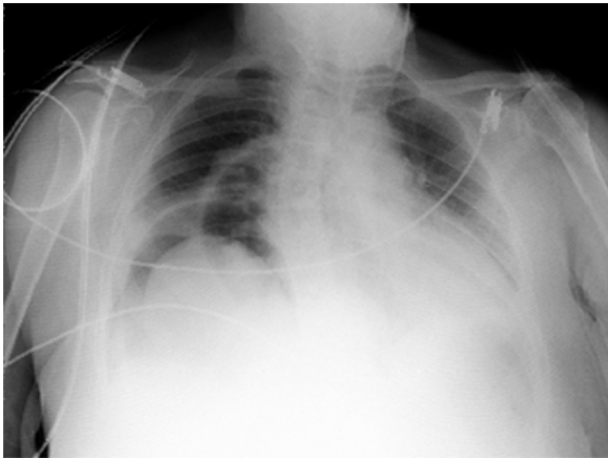


Fig. 1



Fig. 2

A 76-year-old woman came to our Emergency Department complaining of dyspnea over the course of the previous week that had become associated with abdominal pain in the past 48 h. On physical examination, the patient presented dyspnea, tachycardia and hypotension. The abdomen was distended, with widespread pain upon palpation, guarding and signs of generalized peritoneal irritation. Simple radiography showed pneumoperitoneum and an image suggestive of diaphragmatic hernia (Fig. 1). On CT, herniation of the transverse colon into the thorax was observed, which was complicated by perforation due to closed loop obstruction (Fig. 2). Laparotomy revealed obstruction of the transverse colon due to incarceration in a Morgagni hernia, distension and perforation of the cecum and secondary acute purulent peritonitis. We performed an extended right hemicolectomy and closure of the hernial orifice with nonabsorbable material (silk). After a slow postoperative recovery period, the patient was discharged from the hospital on the 42nd day post-op.

☆ Please cite this article as: Romera Barba E, Sánchez Pérez A, Castañer Ramón-Llín J, Vázquez Rojas JL. Abdomen agudo secundario a hernia de Morgagni incarcerada. Cir Esp. 2014;92:52.

* Corresponding author.

E-mail address: percentila@hotmail.com (E. Romera Barba).

2173-5077/\$ – see front matter © 2013 AEC. Published by Elsevier España, S.L. All rights reserved.