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IMAGE OF THE MONTH

Bowel obstruction secondary to transdiaphragmatic intercostal hernia

Obstrucción intestinal secundaria a hernia intercostal transdiafragmática

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A 67-year-old man with a history of asthma visited the accident and emergency department with vomiting and dyspnoea. A chest X-ray showed complete occupation of the left half of the chest by bowel loops. Computed tomography showed a defect measuring 9×6 cm in the middle part of the left diaphragm (Fig. 1A) and a bulky hernial sac containing virtually all the patient's bowel loops, which were found to be dilated. Part of the bowel contents were herniated between the ninth and tenth left ribs (Fig. 1B), leading to a change in calibre (Fig. 2). The patient underwent emergency surgery by laparotomy with reduction of the contents to the abdominal cavity, resection of a metre of ischaemic jejunum and anastomosis, with left chest tube placement and repair of the diaphragmatic defect with Gore-Tex mesh. The patient followed a favourable postoperative course.[1–3]

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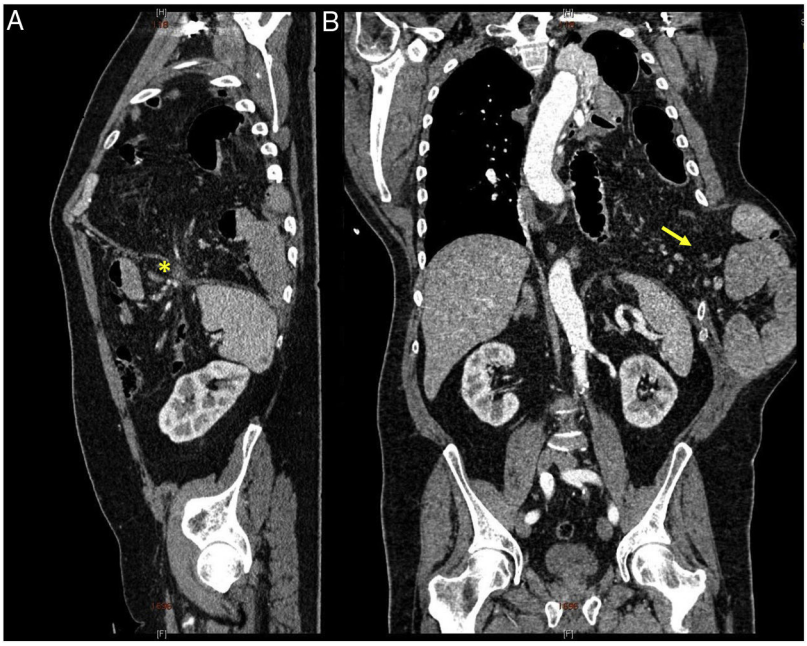

Figure 1 Computed tomography (CT) of the chest and abdomen with administration of intravenous contrast. (A) Sagittal slice: diaphragmatic hernia with a hernial orifice measuring 9 × 6 cm (*). (B) Coronal slice: bulky hernial sac in the left chest containing dilated bowel loops up to the apex. Part of the contents were herniated between the ninth and tenth left ribs (arrow).

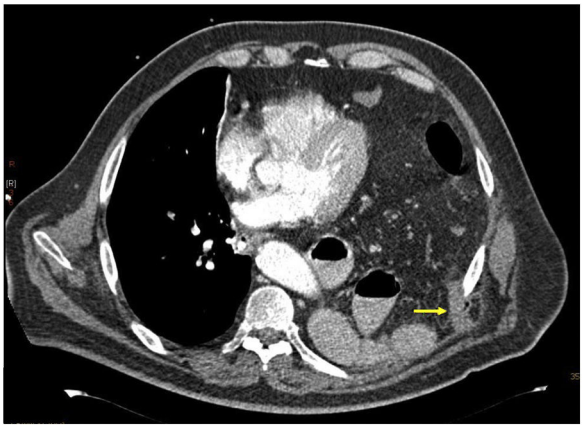

Figure 2 Transverse slice of the chest. Change in bowel calibre between the ninth and tenth left ribs (arrow).

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