Morgagni’s hernia mimicking pneumonia
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Background: Morgagni's hernia (MH) is an uncommon variety of congenital diaphragmatic hernia and was first described by Giovanni Battista in 1769. The foramen of Morgagni (sternocostal hiatus) is a triangular space located between the muscular fibers of the xiphisternum and the costal margin fibers that insert on the central tendon of hemidiaphragm. We report the case of a male patient who presented a MH.

Case presentation: An 70-year-old man was admitted to our emergency department for a progressively worsening breathlessness after physical exertion since one week. There was no history of weight loss, fever, night sweats, chest pain or aggravation of symptoms after meals, and no past history of abdominal/thoracic trauma. On clinical examination, he has no dyspnea at rest and the SpO2 was 96% on room air. Auscultation revealed decrease in right basal breath sounds. Laboratory findings were nonspecific. Posteroanterior chest x-ray revealed a right paracardiac opacity (Figure 1). A Thoraco-abdominal CT-scan revealed a right-sided MH containing omental fat (Figure 2). As the patient refuse any surgical treatment and was asymptomatic at rest, he was discharged home.

Discussion and Conclusion: MH is rare and constitute about 2% of all diaphragmatic hernias. It usually occurs on the right side and the most common hernia content is omentum followed by colon and small intestine. They are usually asymptomatic and are detected incidentally on chest X-rays. Pulmonary symptoms are the commonest presenting feature followed by abdominal discomfort. The exact pathophysiology of MH is unclear, but it is postulated that the small foramen of Morgagni is enlarged with prolonged or sudden increase in intra-abdominal pressure allowing abdominal organs to herniate into the thoracic cavity. Contrast enhanced CT-scan of the thorax is the most sensitive diagnostic method of MH and may demonstrate the extent, content, as well as its anatomic location. Surgical repair is recommended in all patients with MH to prevent complications of incarceration and strangulation. The two main surgical approaches are trans-abdominal (open or laparoscopic) and trans-thoracic (open or thoracoscopic). Thoracotomy is the most widely used surgical approach. However, laparoscopic repair has gained popularity since its first report in 1992.

References: