A CASE PRESENTATION AND DISCUSSION ON

DIAPHRAGMATIC HERNIA

Dr. Nolan Ortega Aludino

GENERAL DATA: M.A. , 7 months old, female

CHIEF COMPLAINT: difficulty of breathing

HISTORY OF PRESENT ILLNESS

7 months PTA – cough, nonproductive

- (+) consult
- dx: unrecalled
- Rx: cough medication (unrecalled)

1 month PTA → (+) vomiting of previously ingested food

(+) rapid breathing

1st consult: Amoebiasis

2nd consult: Primary Complex

2 weeks PTA → persistence of s/sx

consult: Pneumonia

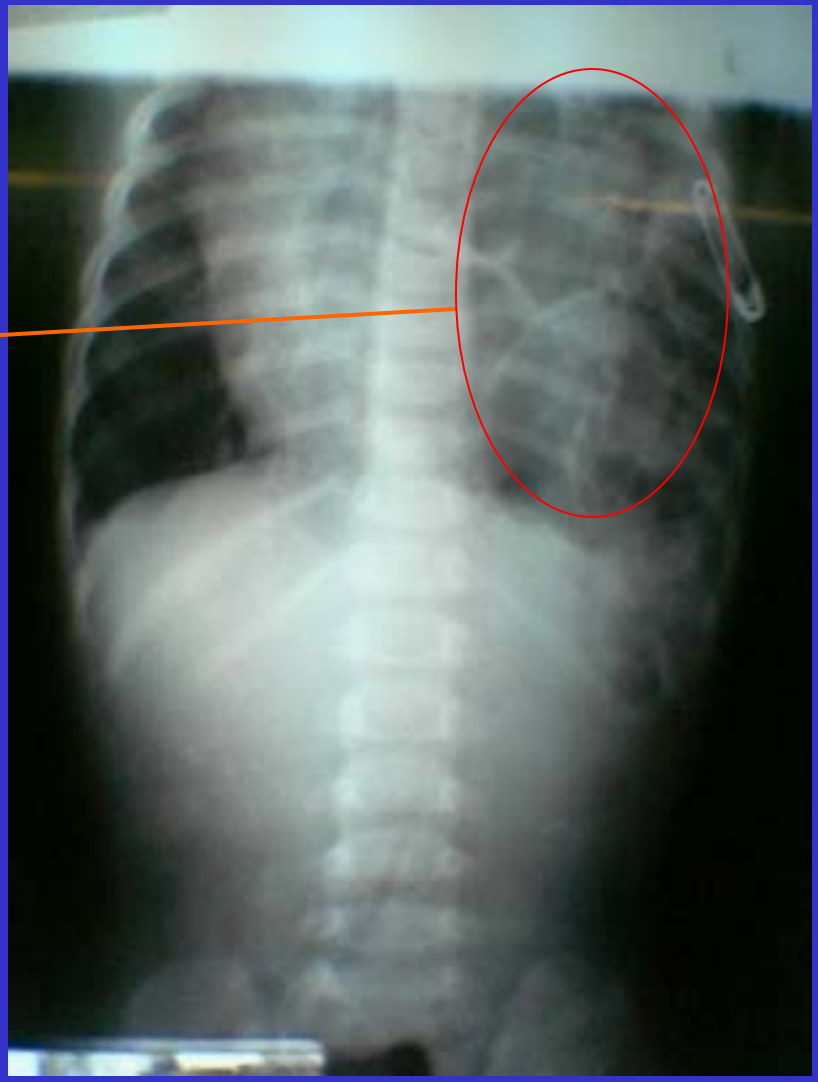
3 days PTA → persistence of s/sx

consult: diaphragmatic hernia

referred to OMMC

At Pedia ER → (+) tachypnea
(+) scaphoid abdomen
(+) bowel sounds in LLF
CXR = bowel loops in LLF

ADMISSION



PHYSICAL EXAMINATION

GENERAL SURVEY:

awake, well-nourished, in respiratory distress

VITAL SIGNS:

CR= 130 RR= 64 T= 37°C

SKIN: warm, dry

HEENT: normocephalic, pink palpebral conjunctivae, anicteric sclerae, non sunken fontanelles, (-) NAD, (-) CLAD

CHEST: symmetric chest expansion,

(+) shallow breathing

(+) subcostal retractions

(+) bowel sounds on LLF

HEART: Adynamic precordium, PMI at 5th ICS, Right midsternal area, normal rate, regular rhythm

ABDOMEN: scaphoid, absent bowel sounds, soft

SALIENT FEATURES

- Difficulty of breathing
- Cough
- Vomiting
- Rapid breathing
- Scaphoid abdomen
- Bowel sounds in LLF
- Bowel loops in LLF

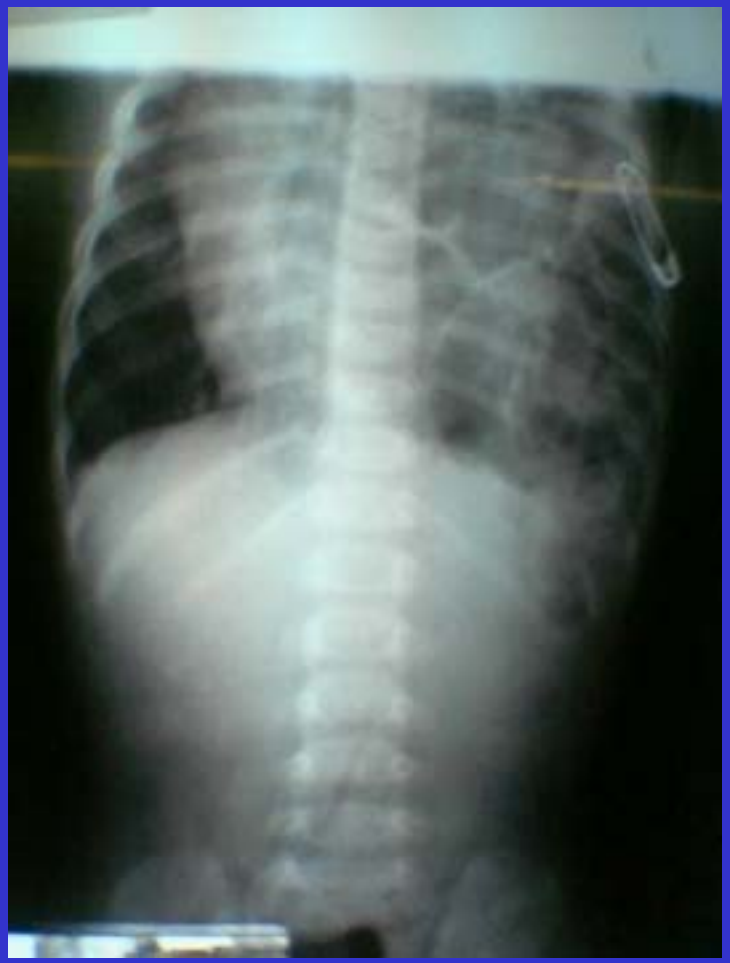
IMPRESSION:

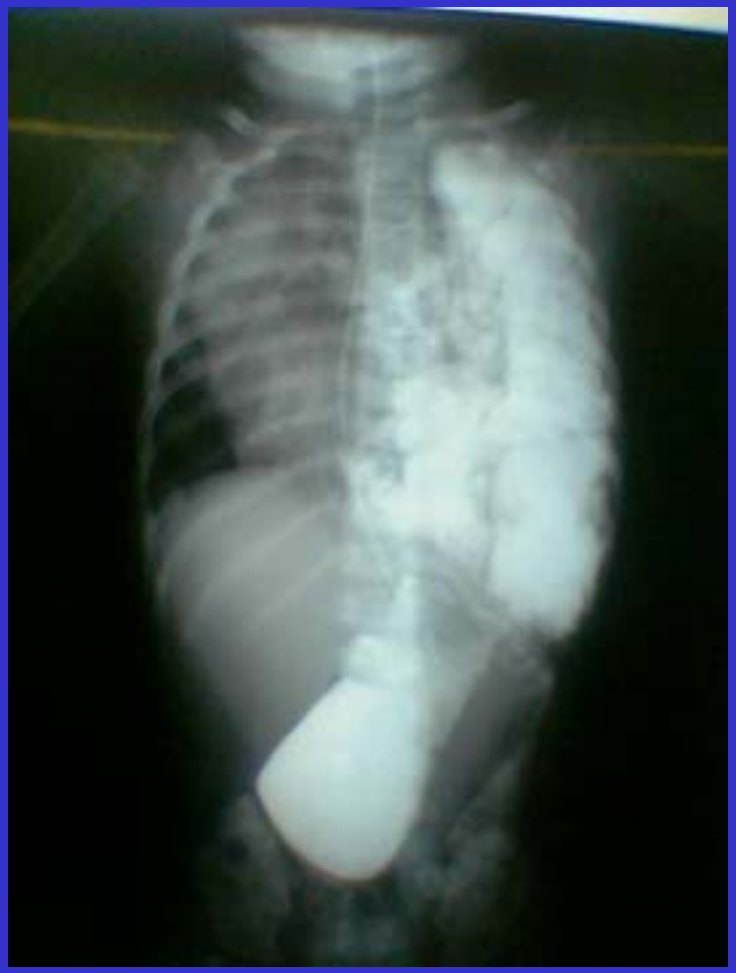
DIAPHRAGMATIC HERNIA (98%)

PARACLINICAL DIAGNOSTIC PROCESS

Do I need to do a paraclinical diagnostic procedure?

PARACLINICAL DIAGNOSTIC PROCESS





PARACLINICAL DIAGNOSTIC PROCESS

Do I need to do another paraclinical diagnostic procedure?

“NO”

TREATMENT

GOALS:

- To reduce the incarcerated organ
- To close the diaphragmatic defect

TREATMENT OPTIONS

1. Surgery
2. ECMO
3. Conventional

TREATMENT OPTIONS

SURGERY

PREOPERATIVE EVALUATION

- Optimize patient
- Secure informed consent
- Screen for medical problems
- Prepare materials for operation

OPERATIVE MANAGEMENT

- Patient supine under GA
- Asepsis and antisepsis techniques done
- Sterile drapes placed over patient
- Left subcostal incision done
- Findings noted

OPERATIVE MANAGEMENT

FINDINGS:

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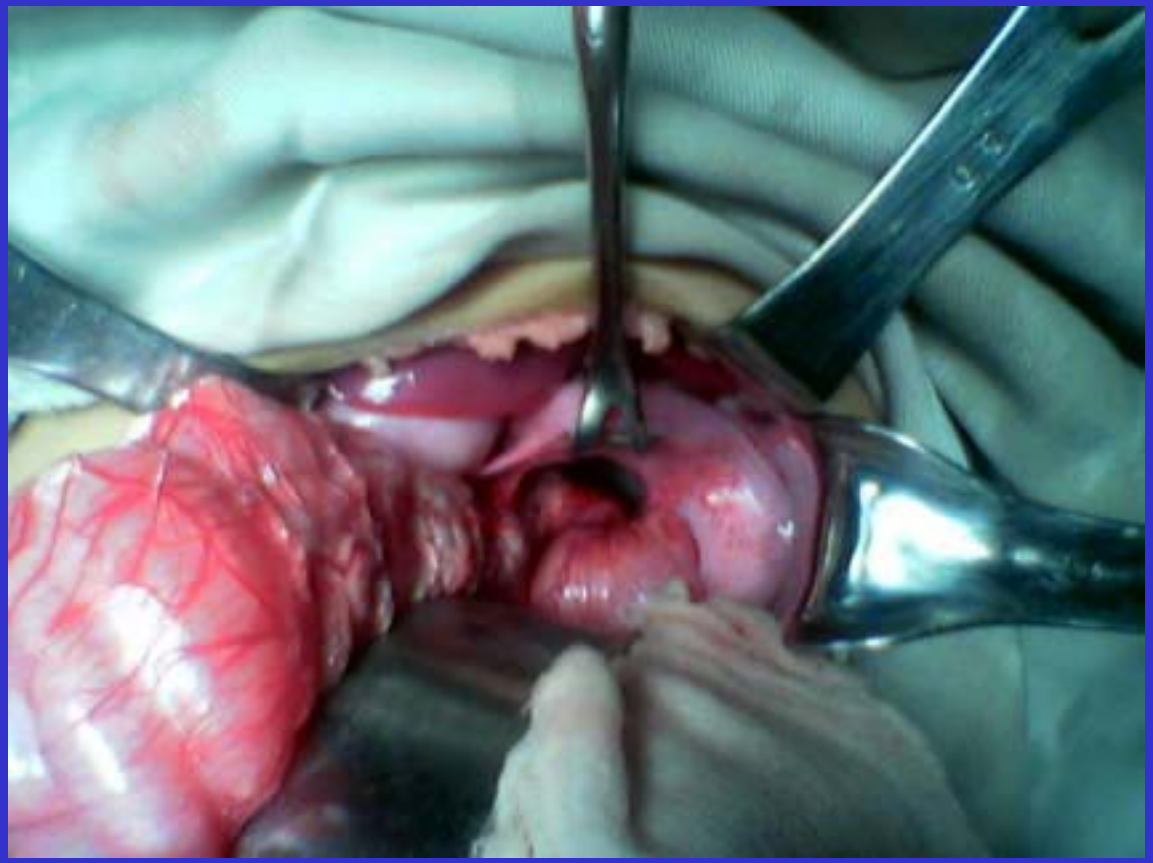

OPERATIVE MANAGEMENT

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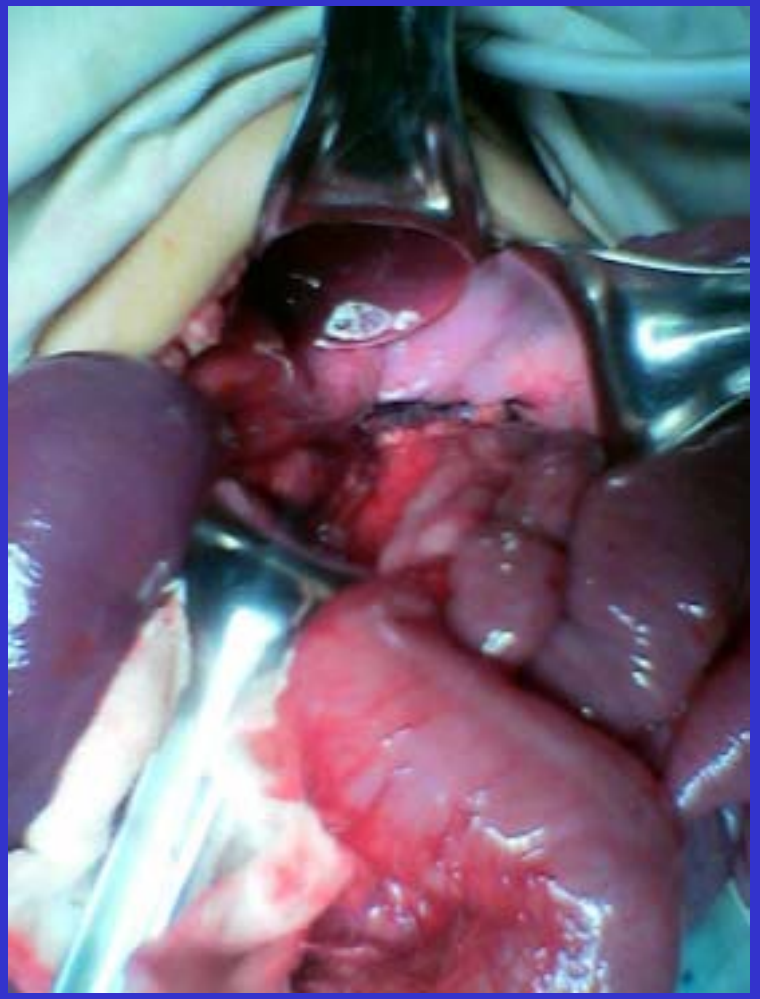

OPERATIVE MANAGEMENT

POSTOPERATIVE MANAGEMENT

- Adequate analgesia
- Adequate hydration
- Maintain on mechanical ventilation for at least 48 hours
- Daily wound care

FINAL DIAGNOSIS

DIAPHRAGMATIC HERNIA, LEFT

Prevention and Health Promotion

Anticipate Complications

- Adequate hemostasis
- Avoid infection
- Avoid dehiscence

References

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