

## Clinical Image

# A Late Revelation of a Right Bochdalek Hernia with Hepatic and Colic Content

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## Clinical Image

A 12-month old female infant with no significant history is admitted to emergency for respiratory distress without fever; the chest x-ray shows a heterogeneous hydric opacity with aeric structures occupying the 2/3 inferiors of the right hemithorax. Thoracic CT shows an intra-thoracic ascent of the liver and part of the ascending colon through a right posterior lateral diaphragmatic defect (Figures 1&2). The diagnosis retained is a late revelation of a posterolateral Bochdalek hernia. A drain was inserted in the chest cavity to decompress it for better lung expansion. The infant was operated with favorable postoperative evolution. Bochdalek's hernia is a congenital diaphragmatic malformation, it occurs when the diaphragm muscle fails to close during fetal development, the defect is more common on the left, only 3% of cases in the right, exceptional on both sides. The diagnosis is made at the ante or neonatal period, in 5 to 25% of the cases the hernia can be revealed 4 weeks later, after months as our case or many years later, respiratory distress is the most frequent revealing symptom.



Figure 1: Chest x-ray: A heterogeneous hydric opacity with aeric structures occupying the 2/3 inferiors of the right hemithorax.

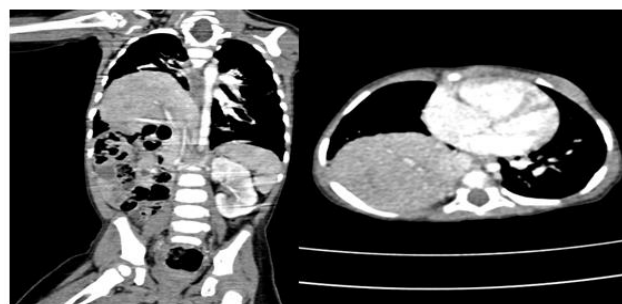


Figure 2: Thoracic CT in coronal and axial sections shows an intra-thoracic ascent of the liver and part of the ascending colon through a right posterior lateral diaphragmatic defect.