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Right Congenital Posterolateral Diaphragmatic Hernia

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Congenital right posterolateral diaphragmatic hernia is rare. Moreover, cases of delayed presentation are extremely rare. We experienced two cases of right posterolateral diaphragmatic hernia. One case was a 1 day old male neonate with cyanosis. He was diagnosed as a congenital right posterolateral diaphragmatic hernia by chest X-ray and repaired primarily through trans-abdominal approach. There was a 54 cm defective area at the right posterolateral diaphragm. The right lobe of the liver, gall bladder, small intestine and right colon were herniated through the defect into the thoracic cavity. The patient was supported by mechanical ventilation for 1 month and was discharged without complication on the 41st day. The other case was an 11-month male infant with dyspnea, cough and seizure. He was diagnosed with delayed presentation of congenital right posterolateral diaphragmatic hernia by chest X-ray and repaired primarily through transabdominal approach. Almost all of the small intestine and right colon were herniated through a 54 cm sized posterolateral defect in the right diaphragm. He didn't need postoperative ventilatory support and was discharged without complications on the ninth day. (*J Korean Surg Soc* 2002;63:350-354)

Key Words: Right congenital posterolateral diaphragmatic hernia

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 : 2002 7 8 , : 2002 7 26

4 (transverse septum), (pleuroperitoneal membranes), (dorsal mesentery), (muscular components) 8 (pleuroperitoneal membranes) (transverse septum) (pleuroperitoneal canal) Bockdalek 가 가 2

1. 38 1 2.23 kg 가 X-ray apgar score가 1 3, 5 5 가 67/43 mmHg, 130 가 (ABGA) pH 7.146, Pco₂ 59.7 mmHg, Po₂ 54.3 mmHg, HCO₃⁻ 20.4 mmol/L, Base excess -9.7, O₂S 80.6%

(sca-phoid) 가 21,400/mm³ 가 X- 가 (Fig. 1). 46XY, t (1 : 10) (q42 ; q22)



Fig. 1. A chest radiograph shows bowel loops in right side of chest with mediastinal shift to left and distended stomach in abdomen (case 1).



Fig. 2. Operative findings show almost all of the small intestine, ascending colon, the right lobe of the liver and gallbladder herniated through the posterolateral defects in the right hemidiaphragm (case 1).

(posterolateral) 5×4 cm
가
(Fig. 2).
2

4, 5

14 French

repair) Prolene #3-0 (primary
27 . 9
feeding . 19
41 bottle
2.
11 가 1 ,
가 ,
2 가
(seizure)
X-
32 5 1.68 kg,
apgar score 1 7 , 5 6 .
(asphyxia),
(IV) 38 X-
3
X-
(Fig. 3A).
109/83 mmHg, 175 ,
52 , 37.7°C .
가 pH 7.321, Pco₂ 36 mmHg, Po₂ 147
mmHg, HCO₃⁻ 18.3 mmol/L, Base excess - 7.2, O₂S 99.7%
가 10,300mm³ 가
X-
가
(Fig. 3B).
5×4 cm 가
T- 가
가 .
(hepatic flexure)
가 T-
(Fig. 4).
T- 가
Prolene # 3-0 14 French
4 . 5 , 9

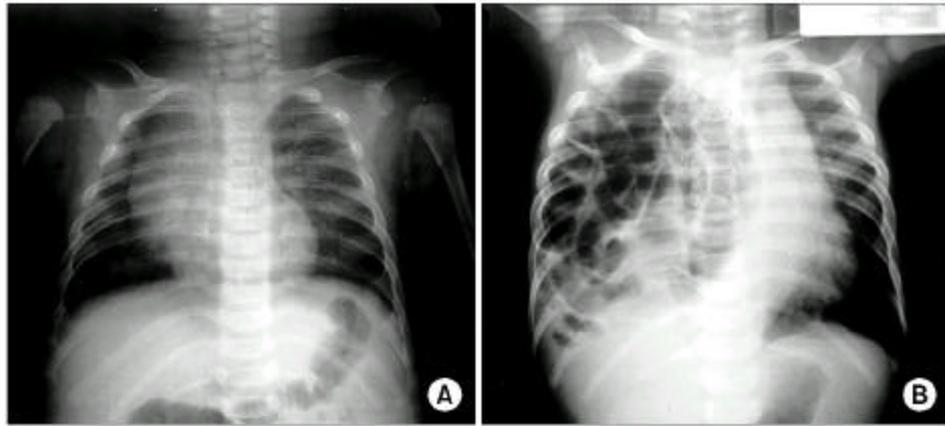


Fig. 3. Same infant with normal x-ray at 3 months (A) and right congenital diaphragmatic hernia at 11 months (B) (case 2).



Fig. 4. Operative findings show the right lobe of the liver (L) and hepatic flexure of the colon (C) adhered to the margin of the posterolateral defect (D) in the right hemidiaphragm (case 2).

(9,10) 23%
 ,
 (hypoplastic left heart syndrome)
 (4,11-13)
 (10,11)
 가 , ,
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 가 가 .
 가

1954 McCauley(1)

1000 0.17 0.57
 (2,3)
 80%
 (4)
 20%
 9 (4-8)
 2 (5,6)
 1 1 11
 가 (4,8)
 10% 40%가 ,

X-ray ,
 (spontaneous reduction) chance radio-
 graphic finding .
 X- 85% 가
 X- 가 가
 가 Kirchner (14)
 Chilton (15)
 가

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