Diaphragmatic hernia secondary to intestinal obstruction

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A 55 year-old man, smoker of 2 packs per day, was admitted for colic-type abdominal pain of one week duration accompanied by constipation during 4 days, somnolence, and exacerbation of usual dyspnea in the hours before admission.

Treatment for bronchopulmonary decompensation was initiated, but the patient showed clinical deterioration (respiratory and hemodynamic) and increased hypercapnia and hypoxemia. He was then intubated and mechanically ventilated.

Chest X-ray (Figure 1) showed hemidiaphragm elevation, moderate contralateral mediastinal displacement and distended left sub-diaphragmatic colon loops, subsequently confirmed by post-intubation X-ray and thoracic-abdominal computed tomography. Surgical intervention revealed a large dilated sigma due to obstruction secondary to diverticulosis. Sigmoid resection was performed, which normalized the clinical situation, and the patient was discharged 24 hours later.

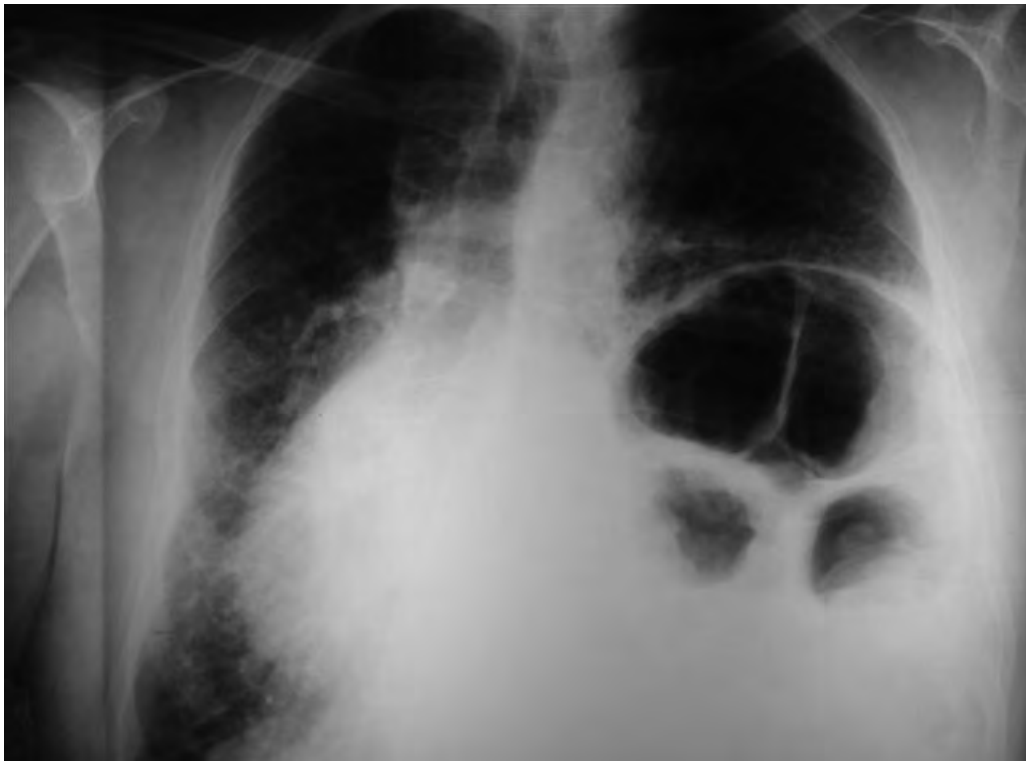

Figure 1. Left diaphragm elevation secondary to colon distension, with moderate mediastinal displacement.

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RECEIVED: 17-11-2008. **ACCEPTED:** 11-12-2008.
CONFLICT OF INTEREST: None.