

Research Article

A Hydatid Cyst into a Large Diaphragmatic Hernia

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A 44-year-old woman, presented to the emergency department with dyspnea since 1 month, associated with vomiting and right upper quadrant pain. She has a surgical history of hydatid cyst of the right liver for which a resection of the protruding dome was performed 18 years ago. On physical examination, she was tachypneic and pulmonary auscultation revealed bowel sounds in the right hemithorax with reduction of vesicular murmur. Chest X-ray showed bowel gas with air-fluid levels inside the right chest cavity. A chest-abdominal computed tomography revealed a 9cm right diaphragmatic hernia which allowed passage of the right colon and gastric antrum into the chest cavity. The right lung was collapsed and the mediastinal shift towards the left. CT scan also revealed a 94*50mm multivesicular hydatid cyst strongly adherent to the liver and which is also included in the hernial content (figure). The patient was operated on. A resection of the hydatid cyst was performed, with reduction of the herniated organs into peritoneal cavity and diaphragmatic suture. The post-operative course was uneventful. Iatrogenic right diaphragmatic hernia is a rare complication after hepatic surgery. It can sometimes be difficult to identify at an early stage and can result in diagnostic delays with life-threatening outcomes. In our case, diaphragmatic injury and liberation of the liver during the first operation could explain hepatic location in the left abdomen and the occurrence of diaphragmatic hernia.

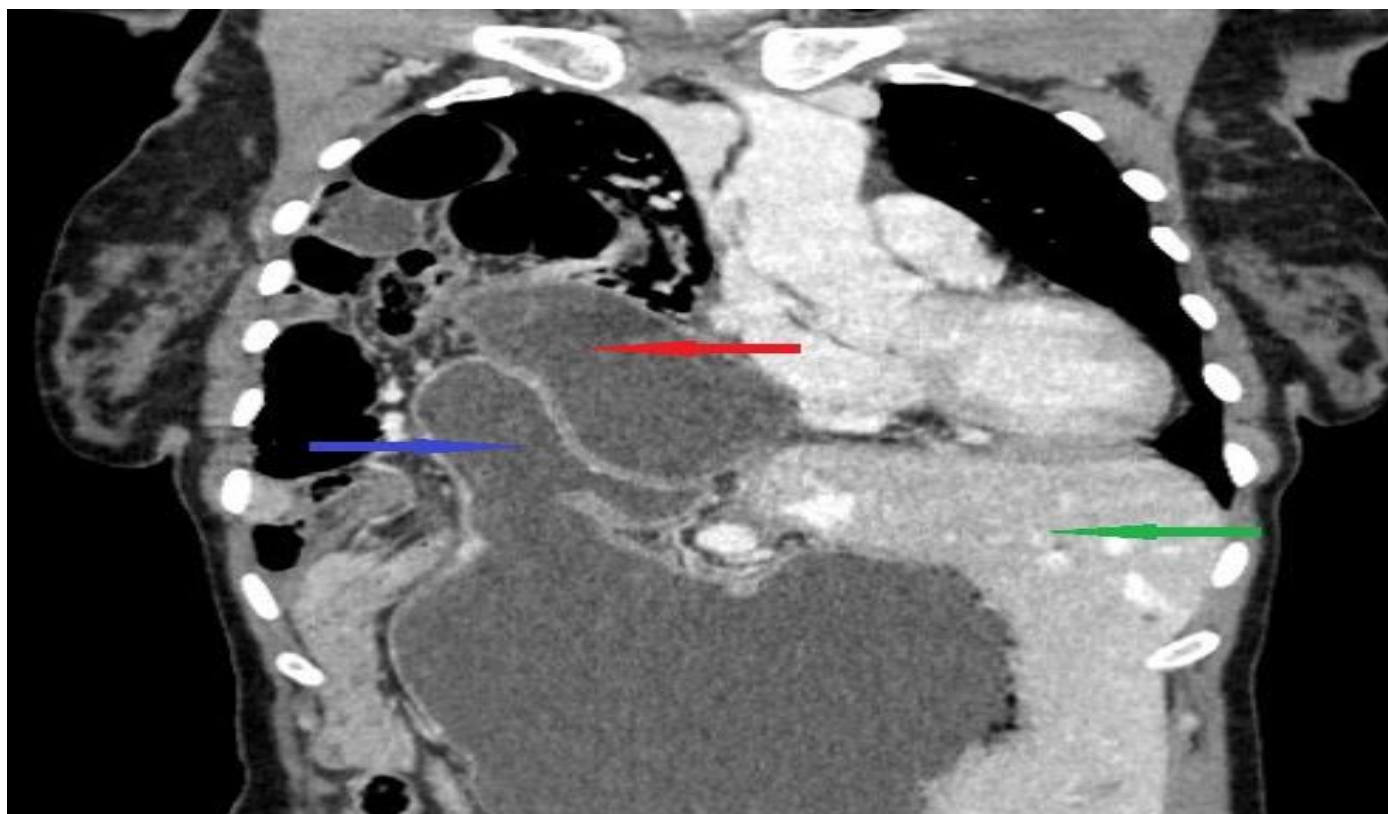



Figure: CT scan showing a 94*50mm multivesicular hydatid cyst strongly adherent to the liver and which is also included in the hernial content.

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