

# Delayed Presentation Of Congenital Diaphragmatic Hernia - Bochdaleck

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## Introduction

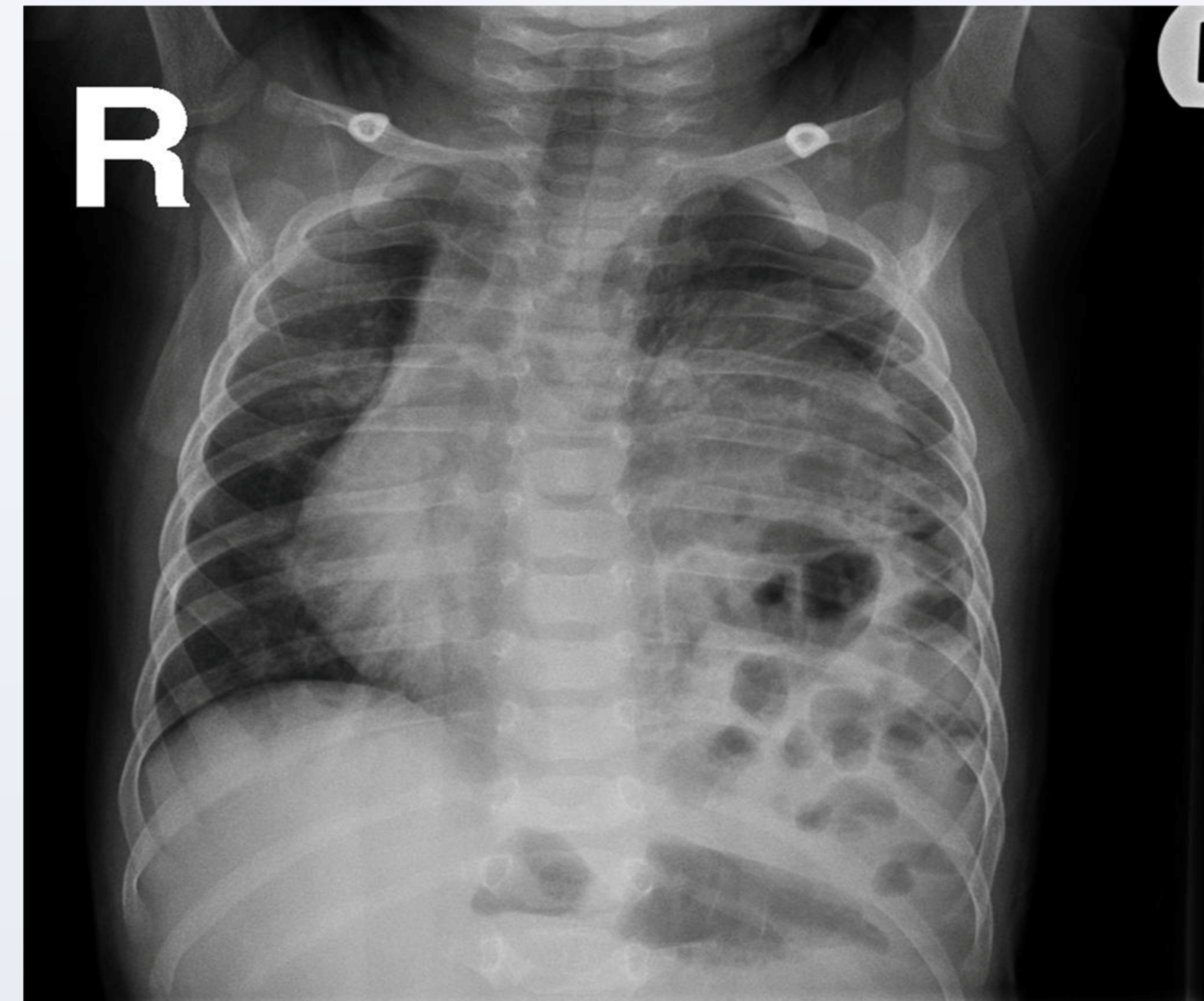
Congenital diaphragmatic hernia – Bochdaleck (CDH) is embriological defect of diaphragm, allowing abdominal contents to enter the thorax and is associated with pulmonary hypoplasia, pulmonary hypertension, dextrocardia, malrotation and ductus arteriosus persistens. The incidence of CDH is 1,7-5,7 on 10000 life born infants. 90% of CDH-Bochdaleck is at left side. Although improvements in medical and surgical management have improved the outlook, survival remains at 60–70%. Our aim is to present a case of delayed clinical presentation of CDH-Bochdaleck and the outcome of urgent surgical intervention.

## Material and methods

Male newborn six days old delivered spontaneously from uncontrolled pregnancy with BW= 3700 g, APGAR 9/10. Four days after birth with tachypnea, weaker breastfeeding and cyanosis in crying. On examination with sick crying, perioral cyanosis, pale skin, tachypnoic and abdominal breathing. Auscultation – bilateral lower vesicular breathing in medial and basal parts. Heart rate tachycardic with tones more pronounced on the right. CBC with normal values. On chest X ray - intestinal loops in the region of the left lung, heart and mediastinum moved to the right. Child was put on mask oxygen therapy with 85-95% saturation. Nasogastric tube was placed and intravenously administered Ceftriaxon, Prednisolon and 5% Dextrose. Patient was transferred to Pediatric Surgery department and was immediately operated.

## Conclusion

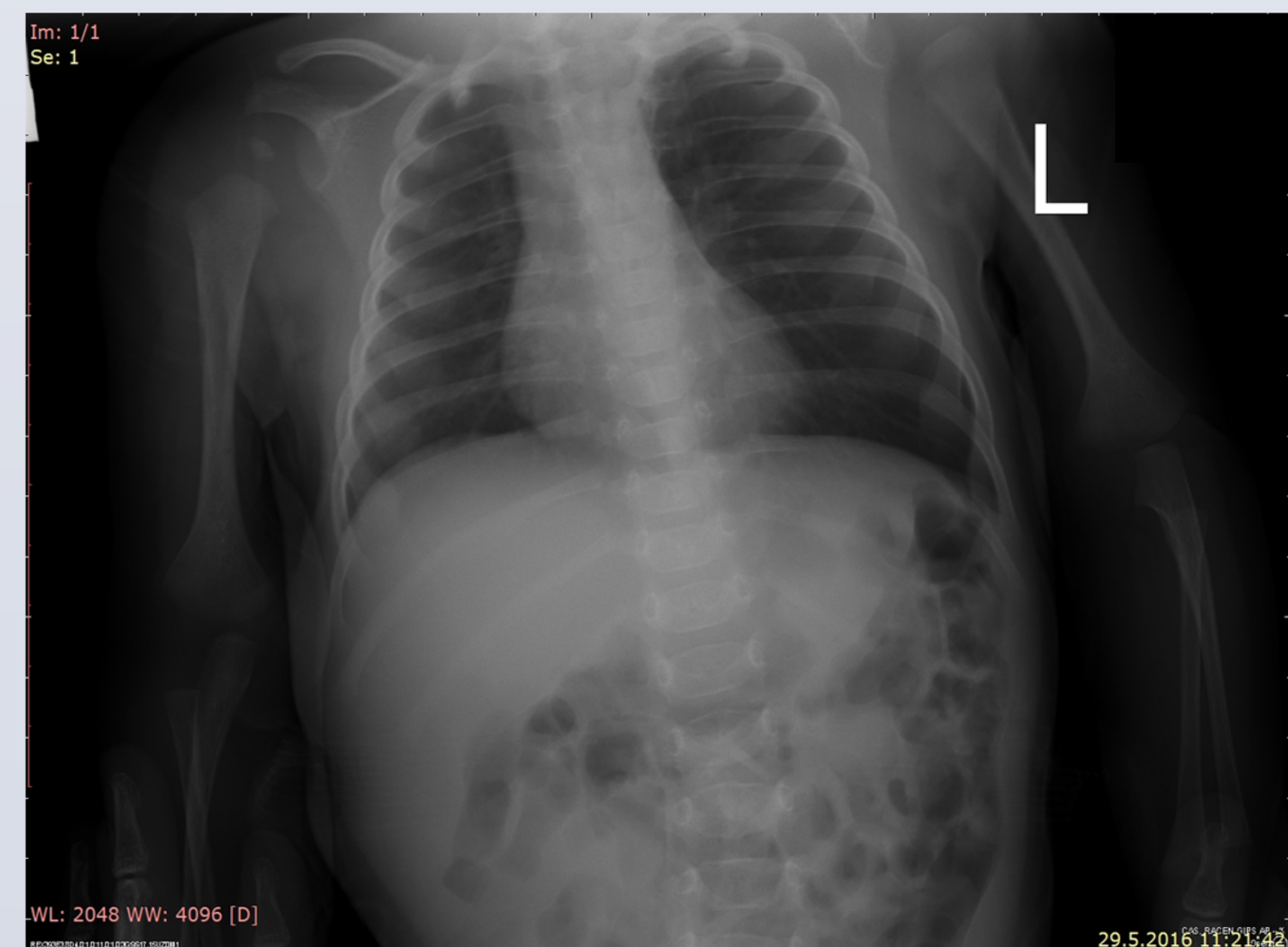
Regular ultrasound checks during pregnancy are especially important for detecting major congenital anomalies. Prenatal diagnosis improves prognosis and survival. This case has shown that CDH can manifest a few days later after birth which requires regular weekly checks of the newborn during the first month of life by the family pediatrician and early recognition of the clinical picture of CDH.



Preoperative Chest -X-ray

## Results

Surgery was successful, with complete recovery and without complication. Postoperative abdominal ultrasound with normal findings. Child is followed outpatient by pediatrician and pediatric surgeon. Postoperative with one episode of obstructive bronchitis.



Postoperative Chest-X-ray

## Reference

1. Jamile Rizzardi Lava et al. Congenital diaphragmatic Bochdaleck hernia: case report, Int. Arch. Med 2012, 5:30
2. Juan A Tovar Congenital diaphragmatic hernia, Orphanet J Rare Disease 2012, 7:1
3. Emeka B Kesieme et al. CDH: Review of Current Concept in Surgical Management ISRN Surg. 2011:974041