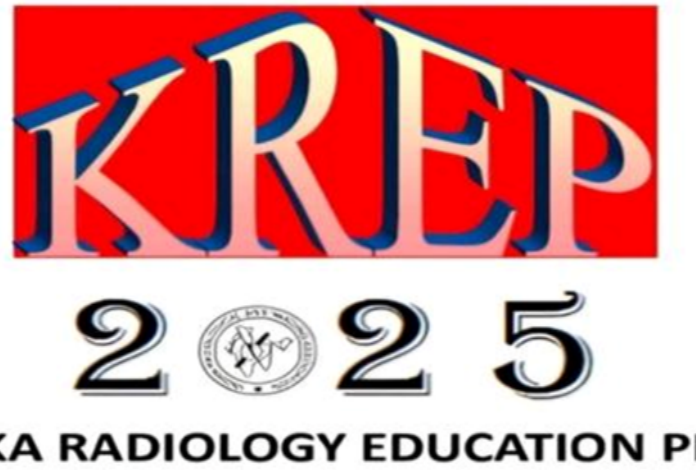


CASE PRESENTATION

Moderator: DR.Bhagyavathi K
Professor, Dept of Radio-Diagnosis,
JJMMC, Davangere
Presenter: Dr Shashank , PG Resident

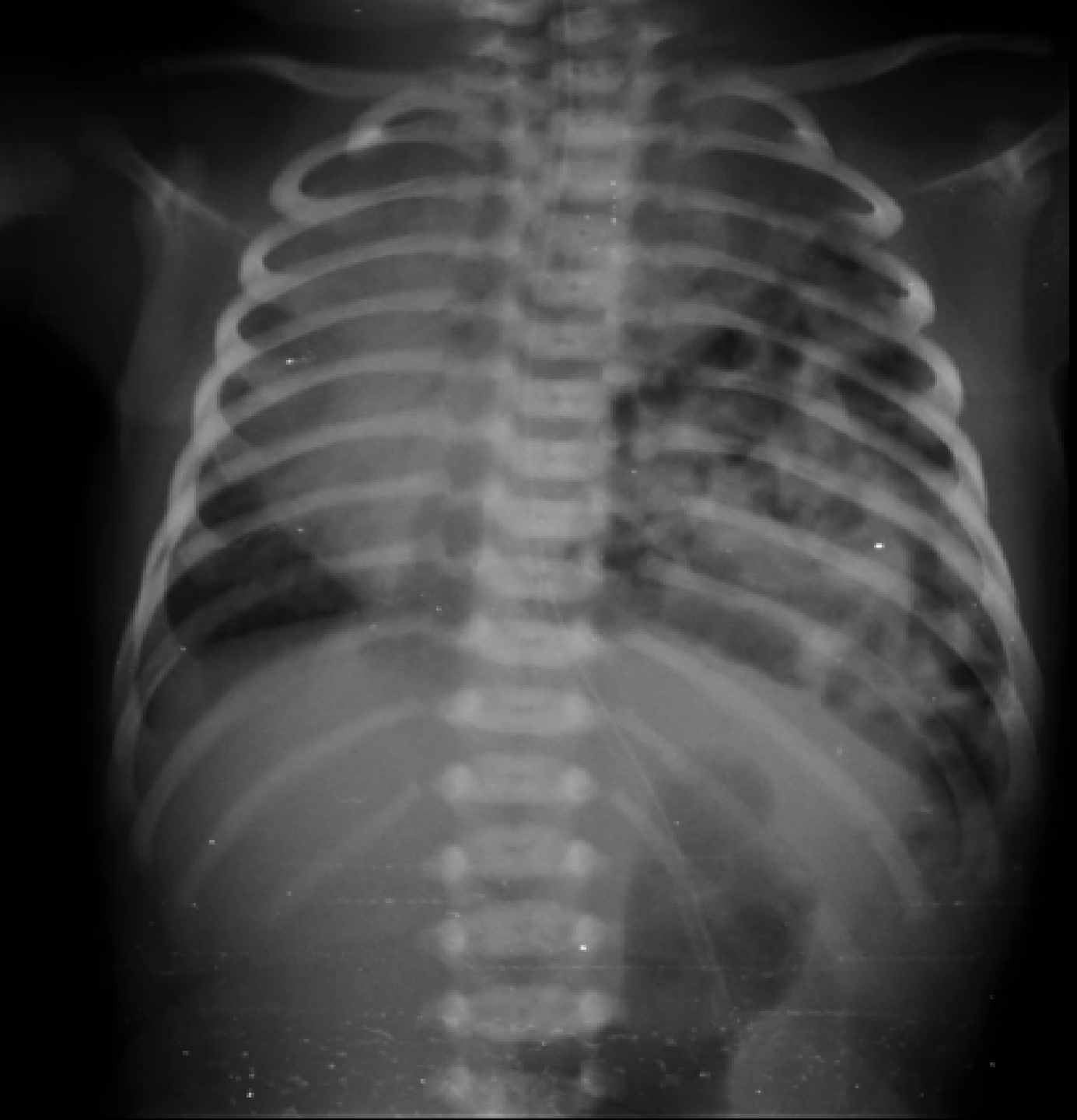
HISTORY

- 8day old male baby presented with hurried breathing and refusal to feed since 2days.
- Birth history- TNVD, AGA, cried immediately after birth.
- ANC was done and said to be normal.

On examination

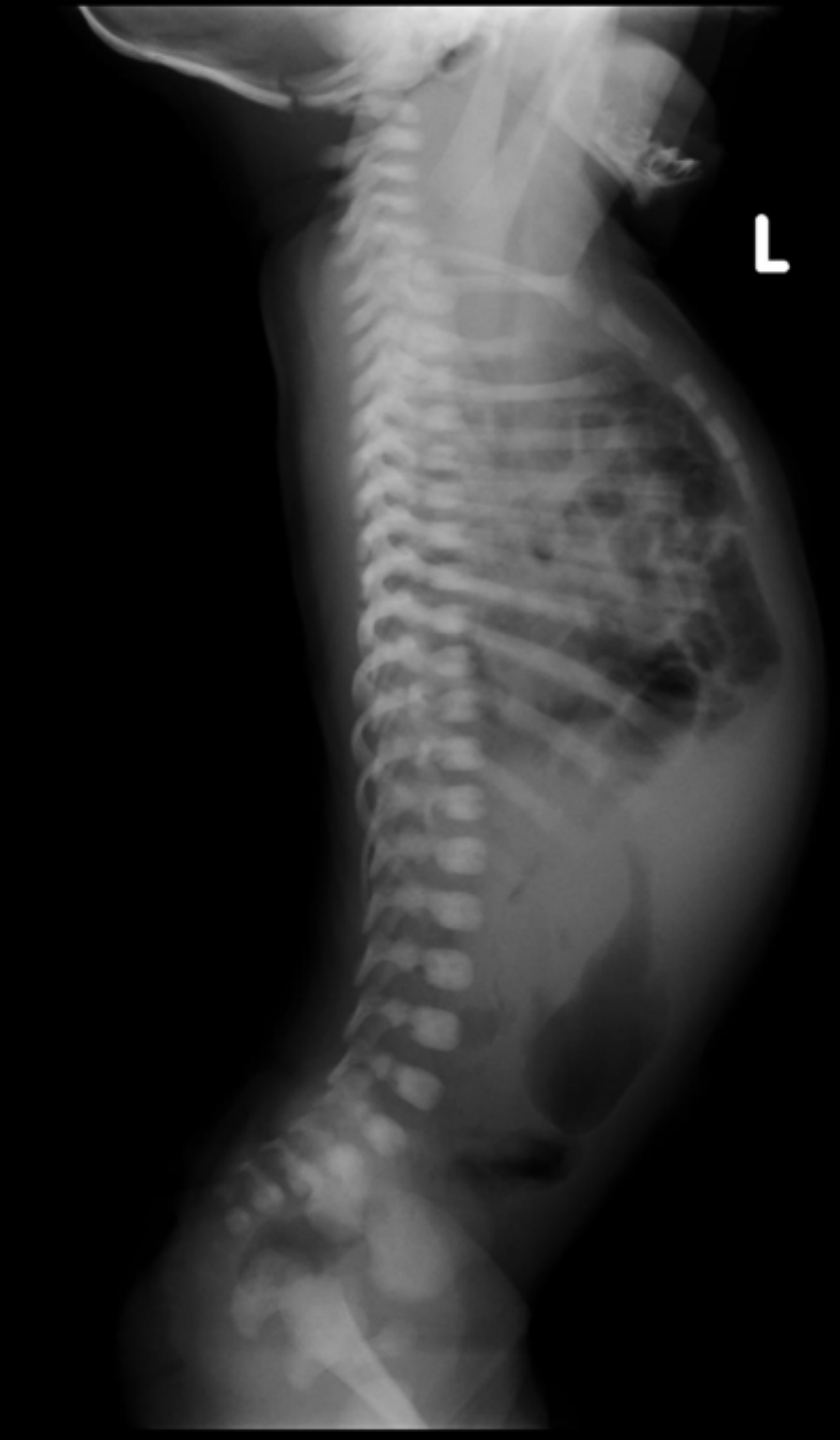
- Tachypnea and peripheral cyanosis noted
- PR-140bpm,SPo2-80% at room air

Requested for chest radiograph



Frontal chest radiograph AP view showing

- Nasogastric tube noted insitu
- Multiple cystic lucencies noted in the left hemithorax compressing the lung parenchyma superiorly.
- Mediastinal shift to the right side with trachea and cardia.
- Compressed and reduced lung parenchyma on the left hemithorax.



Chest radiograph left lateral view

- E/o diaphragmatic defect noted in the anterior part behind the sternum where the bowel loops are entering the thoracic cavity.

Impression

- F/S/O CONGENITAL LEFT DIAPHRAGMATIC HERNIA

Follow up

DEPARTMENT OF PAEDIATRIC SURGERY
BAPUJI CHILD HEALTH AND RESEARCH INSTITUTE
OPERATION NOTES

NAME : B/O NAGARAJ H P AGE – 10D SEX: MALE IP NO. 240228009

UNIT: PAED SURG WT: 2.57 KG WARD: NICU

DATE: 28/02/2024

PREOP DIAGNOSIS: LEFT CONGENITAL DIAPHRAGMATIC HERNIA

PROCEDURE: EXPLORATORY LAPAROTOMY AND DIAPHRAGMATIC HERNIA REPAIR

POSTOP DIAGNOSIS: LEFT CONGENITAL DIAPHRAGMATIC HERNIA

SURGEON: DR HARSHA B M ASSISTANT: DR MANOJ U H

S/N : YASHODHA ANAESTHESIA: GA

ANAESTHETIST: DR SAMIKSHA DURATION: 50 MINS

SKIN PREPARATION: BETADINE

INCISION: LEFT SUBCOSTAL INCISION

FINDINGS: DEFECT IN LEFT HEMIDIAPHRAGM NOTED OF SIZE 5X4CM. ALL OF SMALL BOWEL, LARGE BOWEL AND LEFT KIDNEY NOTED AS CONTENTS. VERY THIN HYPOPLASTIC DIAPHRAGMATIC EDGES NOTED. CONTENTS REDUCED. DEFECT CLOSED WITH PROLE 3-0.

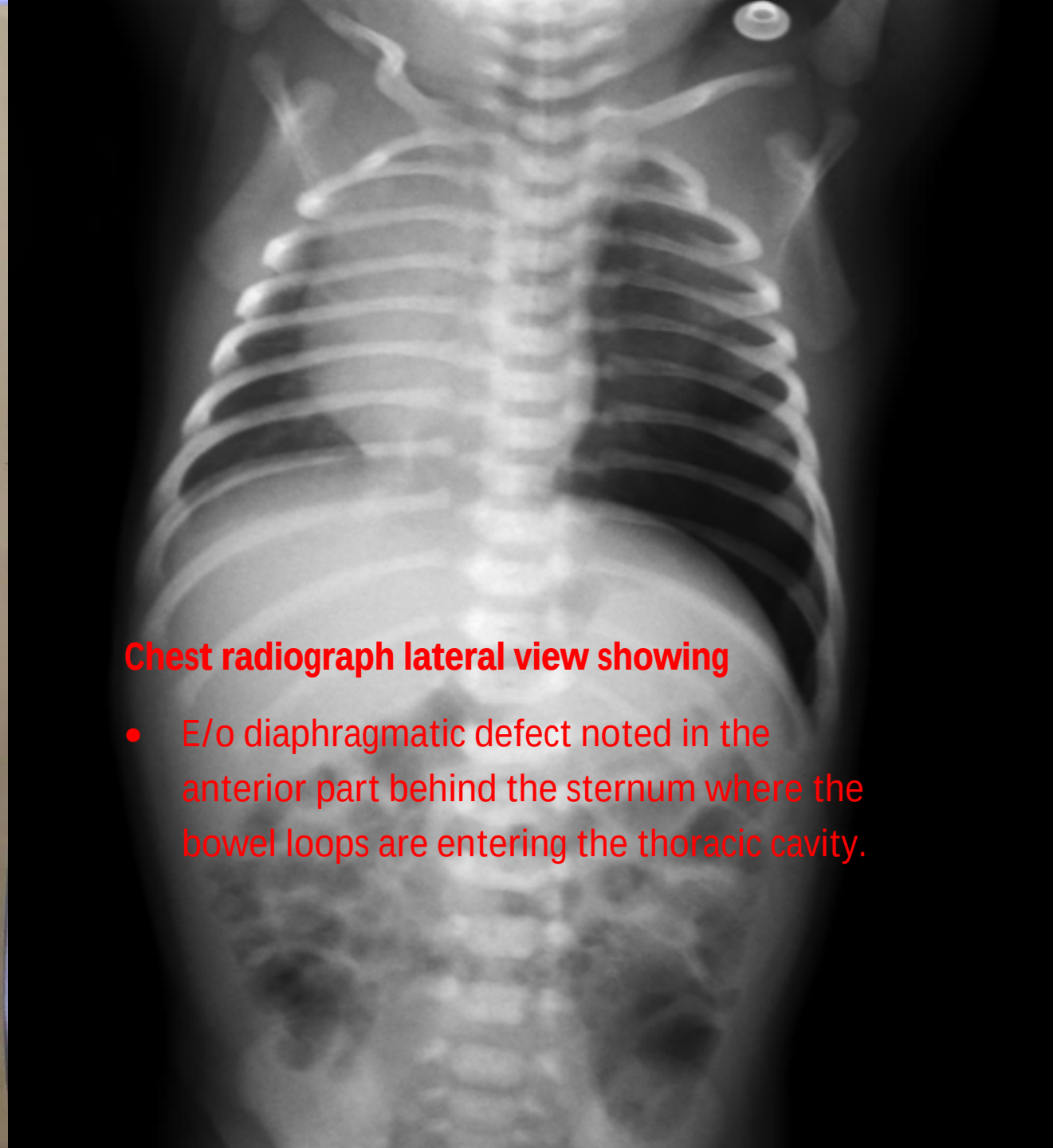
PROCEDURE:
Under GA child in supine position, parts painted and draped, left subcostal incision made and opened in layers. Defect noted in left hemi diaphragm. Content are reduced and defect closed with prolene 3-0 vicryl. Bowel loops found to be healthy. Haemostasis achieved. Abdomen closed with vicryl 2-0 and skin closed subcuticular fashion with vicryl 3-0. The child withstood the procedure well and shifted to NICU.

Post-operative instructions 2.57kg

Inf. 13·5 → On Kanula

NPO till further advice
RT 3RD HOURLY ASPIRATE, 6TH HOURLY NS REPLACEMENT
FLUIDS AS PER NICU ORDERS
INJ C TAX 130 MG IV 1-0-1
INJ AMIKACIN 39 MG IV 1-0-0
INJ MEDAMOL 39MG IV 1-1-1-1
Monitor vitals and inform SOS

SIGNATURE OF SURGEON



Chest radiograph lateral view showing

- E/o diaphragmatic defect noted in the anterior part behind the sternum where the bowel loops are entering the thoracic cavity.

Thank you