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Case Report

Never Say Never Again……. An Unusual Cause of Respiratory Distress in a Toddler

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Abstract

Most cases of Congenital Diaphragmatic Hernia (CDH) are usually diagnosed during the fetal anatomy scan in the second or third trimester. The late-presenting CDH represents a considerable diagnostic challenge. We describe the presentation in a toddler who attended ER with vomiting. It is important for ER physicians and junior paediatric trainees to consider the possibility of a delayed presentation of CDH in every child presenting with respiratory distress and radiography suggestive of a viscous or cystic lesion within the hemithorax.

Keywords: Congenital Diaphragmatic Hernia; Delayed Presentation

Over the next 5-6 hours, she became progressively tachypnoeic with nasal flaring and subcostal recessions. Her chest remained clear but she had decreased air entry on the left. Bowel sounds were heard in the abdomen. Chest X ray demonstrated a large hyperlucent shadow in the left hemithorax and mediastinal shift. No gas shadow was seen in the fundal area of the stomach and the left hemidiaphragm was not demarcated. Radiography was consistent with delayed presentation of congenital diaphragmatic hernia (CDH). Heart rate increased to 140, CRT to 3 seconds but she remained normotensive. She was administered oxygen, given a bolus of saline, kept nil by mouth and a nasogastric tube was passed to decompress the stomach. Blood gas demonstrated a compensated metabolic acidosis. She was intubated and ventilated and underwent repair of the diaphragmatic hernia and made an uneventful recovery.

Late presentation of congenital diaphragmatic hernia poses a diagnostic dilemma. There is the risk of misdiagnosis of a tension pneumothorax and inappropriate chest drain insertion with potentially catastrophic consequences [1]. The underlying pathophysiology leading to cardiovascular compromise is the mediastinal shift and pulmonary collapse as opposed to pulmonary hypoplasia and pulmonary hypertension in newborns [2]. It is important for ER physicians and junior paediatric trainees to consider the possibility of a delayed presentation of CDH in every child presenting with respiratory distress and radiography suggestive of a viscous or cystic lesion within the hemithorax [2,3]. The prognosis is good once the correct diagnosis is made [2].

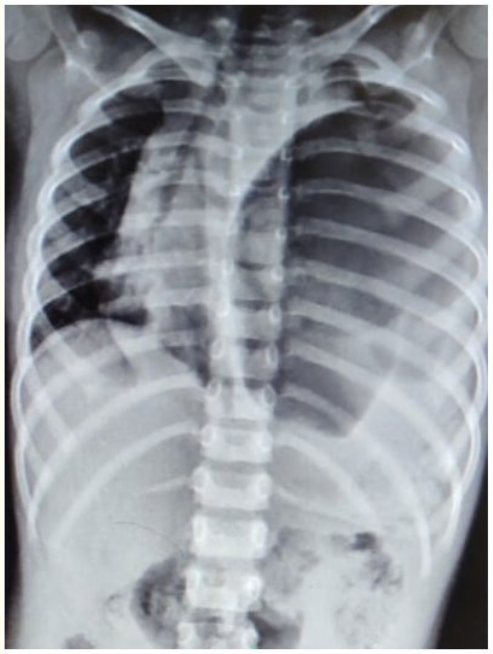

Figure 1: Chest x ray demonstrating a large, hyperlucent air-filled cavity in the left hemi-thorax. The left hemidiaphragm is not delineated.

Competing Interests

Nil.

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