

# MORGAGNI HERNIA WITHOUT PRENATAL DIAGNOSIS CULMINATING WITH NEONATAL DEATH: CASE REPORT

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## INTRODUCTION AND OBJECTIVE:

Congenital diaphragmatic hernia (CDH) occurs when the diaphragm is discontinuous, allowing abdominal viscera to herniate into the fetal chest, causing pathologic effects on lung development such as a wide range of pulmonary hypoplasia and pulmonary hypertension. Morgagni hernia is an anterior periesternal or retroesternal diaphragm defect and corresponds to less than 5% of the cases.

The aim is to report a case of Morgagni hernia without prenatal diagnosis.

## MATERIALS AND METHODS:

A 31-year-old woman, G1 P0, started private prenatal care with 4 weeks and 3 days of gestation. All routine exams were performed and no abnormalities were found. First trimester screening presented a nuchal translucency of 1.6 mm and ductus venous pulsatility index of 1.1. Second trimester morphology ultrasound did not show any deformities as it was reviewed by recorded video images. Other ultrasound scans didn't show any abnormalities, as well as fetal echocardiography.

A male neonate was delivered by elective cesarean section, performed at 40 weeks and 2 days of gestation, with Apgar scores of 9 and 10, birth weight 3185 g, and was forwarded to the nursery. About 4 hours later, he developed respiratory distress and was transferred to the intensive neonatal care unit for mechanical ventilation. Thorax X-ray revealed a left-sided diaphragmatic hernia with a central defect (Figure 1 and Figure 2). He did not have clinical condition for surgical intervention and died on day 3.

## DISCUSSION AND CONCLUSION:

Prenatal diagnosis of CDH occurs in about 50% of cases, based on ultrasound examination, principally in cases of posterolateral defects, and is associated with a significantly reduced survival rate; the sensitivity increases, among the cases, when there are other abnormalities associated; 50 to 70 percent of cases present CDH as the unique malformation – excluding abnormalities that are a consequence of the hernia such as pulmonary hypoplasia. As there are fetal procedures that can improve conditions for the fetus to be better and ready for definitive treatment after birth, it is essential the prenatal diagnosis of CDH to reduce mortality associated with CDH.



FIGURE 1: left-sided diaphragmatic hernia.



FIGURE 2: left-sided diaphragmatic hernia.