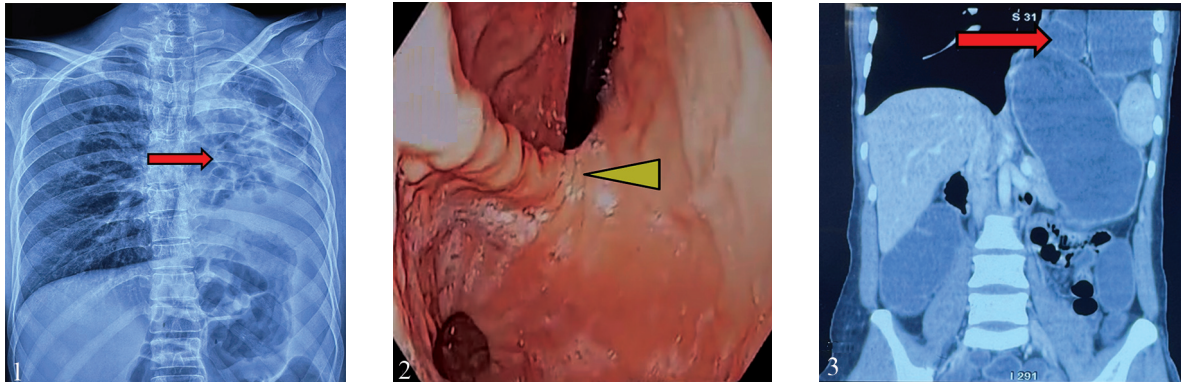


Left Sided Diaphragmatic Eventration: A Rare Cause of Recurrent Vomiting

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A 26-year-old woman presented with complaints of recurrent vomiting, nausea, early satiety, and post-prandial distress for 4 years. She also complained of episodes of shortness of breath after taking food and on lying down but relief on sitting up. Physical examination was unremarkable except reduced air entry on left lower chest. Laboratory tests were normal except hemoglobin of 11.4 g/dL. Plain X-ray showed eventration of left dome of diaphragm with part of stomach and bowel migrating into the left hemithorax (Fig. 1, arrow). Upper gastrointestinal endoscopy showed malrotation of axis of the stomach (Fig. 2, arrowhead). Computed tomography of the chest and abdomen showed hypoplastic left lung, eventration of the left hemidiaphragm, mesenterico-axial volvulus of the stomach, and intrathoracic migration of part of stomach, spleen and large bowel (Fig. 3, arrow). In view of active symptoms, she underwent surgical correction of the diaphragmatic eventration with reduction of displaced abdominal contents back from left hemi-thorax to abdomen, and reduction of gastric volvulus with anterior abdominal wall sutured gastropexy. Her vomiting and other symptoms improved post-surgery.

Eventration of the diaphragm can be either congenital or acquired and can be unilateral or bilateral. Symptomatic patients need surgical correction to prevent further complications

which includes gastric volvulus [1]. Minimally invasive surgical options like video-assisted thoracoscopic (VATS) plication and laparoscopic management have been reported to be promising [2, 3].

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