

Giant Transdiaphragmatic Intercostal Hernia

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A 60-year-old man presented with severe debilitation and dyspnea. He recalled a remote history of a violent coughing spell that resulted in a large right-sided abdominal and flank ecchymosis. A transdiaphragmatic hernia with intestinal contents herniating through the right chest into the subcutaneous tissues was identified on imaging (Figs 1, 2). Surgical repair through a right posterolateral thoracotomy was performed. The colon, small bowel, and part of the stomach were reduced through a 12 × 15 cm anteromedial diaphragmatic defect (Fig 3). The diaphragmatic defect and the chest wall were reconstructed with a Dualmesh patch. The patient recovered uneventfully. Transdiaphragmatic hernias are usually caused by trauma [1]; however, many patients recall an episode of violent coughing followed by thoracoabdominal ecchymosis and bulging. Rib fractures are usually identified. Operative repair with relocation of abdominal contents, diaphragm repair, and chest wall reconstruction are required to provide symptomatic relief and avoid adverse events like strangulation or incarceration [2]. Most of these hernias can be easily reduced without bowel resection.

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Figure 1.

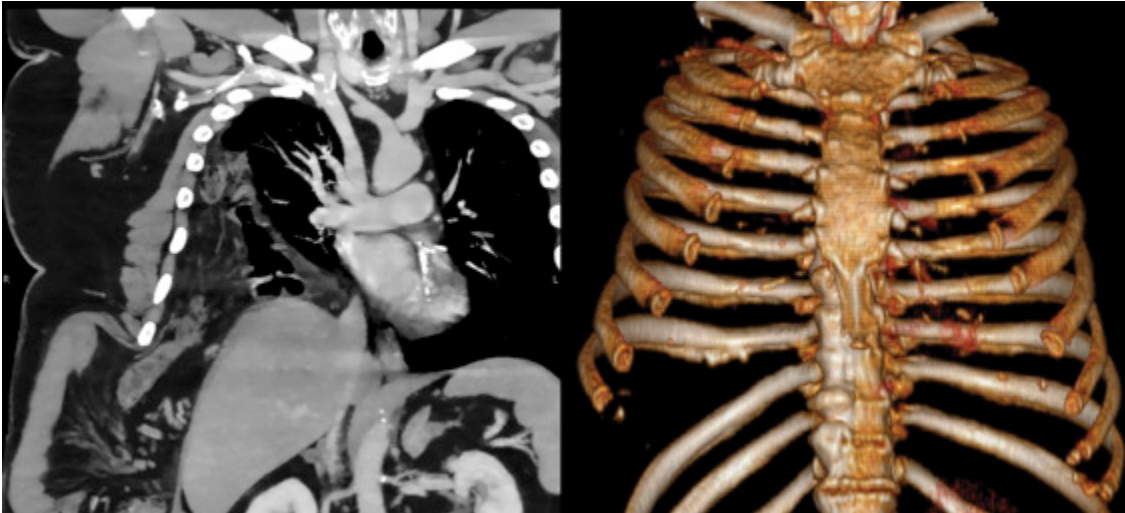


Figure 2.



Figure 3.

