

### **Выводы:**

1. Основным методом хирургического лечения при ОРГ является торакоцентез и активное дренирование плевральной полости.
2. ВТС в три раза превысила результативность диагностических мероприятий по сравнению с торакоцентезом и дренированием плевральной полости, а также позволила достоверно определить характер внутригрудных повреждений в 92,3% наблюдений.
3. ВТС, сочетая в себе малую травматичность и большие диагностические возможности, позволяет выбрать оптимальную тактику лечения и стать альтернативой ТТ при ОРГ.
4. Применение ВТС при ОРГ позволяет снизить количество послеоперационных осложнений в 7 раз и минимизировать послеоперационную летальность.

## **LAPAROSCOPIC REPAIR OF INCARCERATED GIANT MORGAGNI HERNIA**

Przemysław Wyżgowski, Tomasz Grzela, Krzysztof Leksowski

The 10th Military Clinical Hospital in Bydgoszcz,  
Department of Surgery, Poland

Morgagni hernia is an anatomical defect in the anterior part of the diaphragm between its costal and sternal attachments and is classified as a congenital hernia. It is estimated that it accounts for 2-5% of all diaphragmatic hernias. The publication presents the case of a 69-year-old woman treated surgically due to severe gastrointestinal obstruction caused by the incarceration of the stomach, the transverse colon and the greater omentum in the ring of Morgagni hernia. After diagnosis, the patient was qualified for surgery procedure. The patient was operated on in the reverse Trendelenburg position with abduction of the lower limbs. With an atraumatic tool, the contents of the hernial sac was gradually returned into the abdominal cavity without noticing symptoms of necrosis and/or ischemia of the organs there. The hernia defect was sutured with single sutures without removing the hernial sac.

The postoperative course was uneventful. The patient tolerated well the oral diet introduced on the first day after the procedure. On the fourth day after surgery, she was discharged home. A month after surgery she had no swallowing disorders or complaints.

According to most authors, the gold standard for surgical Morgagni hernia repair is via laparoscopy, which provides the opportunity to evaluate the entire diaphragm, the condition of returned organs and their possible repair. There is also the possibility of surgical treatment of other pathologies in the abdominal cavity. An additional benefit of this access is quick convalescence and short hospitalization, which was confirmed in our patient.