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Recurrent Left Bockdalek Hernia in Adult, a Rare Cause of Subocclusive Syndrome

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Abstract

Purpose: To present a rare clinical case of a subocclusive syndrome caused by recurrence of a left Bockdalek hernia, with emphasis on the radiological diagnosis and surgical treatment. The current paper presents a 36 year old female with past surgical history of Bockdalek hernia repaired 7 years ago using a diaphragmorrhaphy by thoraco-abdominal approach who presented with a subocclusive syndrome and epigastric pain. Upper endoscopy showed a duodenal ulcer positive for H. pylori. Initial abdominal CT scan was read as negative. On a closer evaluation of the CT images, a small Bockdalek hernia was appreciated, with the elevation of the left colic angle through the diaphragm. Given the occlusive symptoms, the patient underwent surgical treatment with diaphragmorrhaphy and alloplasty with polypropylene mesh, using an open approach. Postoperatively, the patient had a favourable course, being discharged home two days later. To date, there are 173 cases of Bockdalek hernia in the the medical literature, but none with a recurrence. Bockdalek hernia is a rare disease, with non-specific symptoms. It has a broad differential diagnosis that may delay early identification and management. The surgical treatment, either open or laparoscopic, must follow the current recommendations of the surgical societies, including mesh alloplasty to prevent recurrences.

Key words: recurrent Bockdalek hernia

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