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Laparoscopic Management in Morgagni Hernia - Short Series and Review of Literature

Eugen Târcoveanu, Stefan Georgescu, Alin Vasilescu, Dan Andronic, Nicolae Dãnilã, Cristian Lupașcu, Costel Bradea
First Surgical Clinic, Department of Surgery, "Grigore T. Popa" University of Medicine and Pharmacy University Hospital "St. Spiridon" Iași, Romania

Abstract
Morgagni hernia occurs after a congenital retrosternal diaphragmatic defect; it is a rare form of diaphragmatic hernia (1-3% of cases). In general, this pathology is diagnosed in children; in adults it is frequently discovered in emergency or incidentally.
Methods: We prospectively evaluated a series of 8 patients admitted to First Surgical Clinic, St. Spiridon Hospital, Iasi during the period 2011-2017.
Results: Out of 8 patients, 6 were operated on, one patient refusing surgery (followed periodically); the patient who was 91 years old had serious associated diseases that made surgery contraindicated. Symptomatology was nonspecific: in 5 cases Morgagni hernia was discovered during the exploration of an associated pathology, either with cardiopulmonary symptoms of dyspnea or palpitations. In 2 cases, the clinical aspect suggested an occlusive syndrome (the herniated organ is usually the transverse colon). The laparoscopic approach was used in all cases: two conversions were recorded due to the tight adherences of the herniated viscera (gastric, colon, epiplon). In 4 cases, the surgical cure of hernia was performed by suture and in 2 cases with prosthesis: dual mesh in one case and polypropylene mesh in another case. We did not register morbidity and the mean postoperative stay was 4 days (range 2-6 days).
Conclusions: Hernia Morgagni betrays a rare pathology. The most common is asymptomatic but in complicated cases it is a cause of acute surgical abdomen. Surgical treatment is indicated even for asymptomatic cases due to serious complications Morgagni hernia may develop. The laparoscopic approach is ideal, as reduction of viscera in the abdomen is easy and the defect will be repaired by suturing or using a prosthesis, depending on its size.
Key words: Morgagni hernia, diaphragmatic hernia, laparoscopic approach