

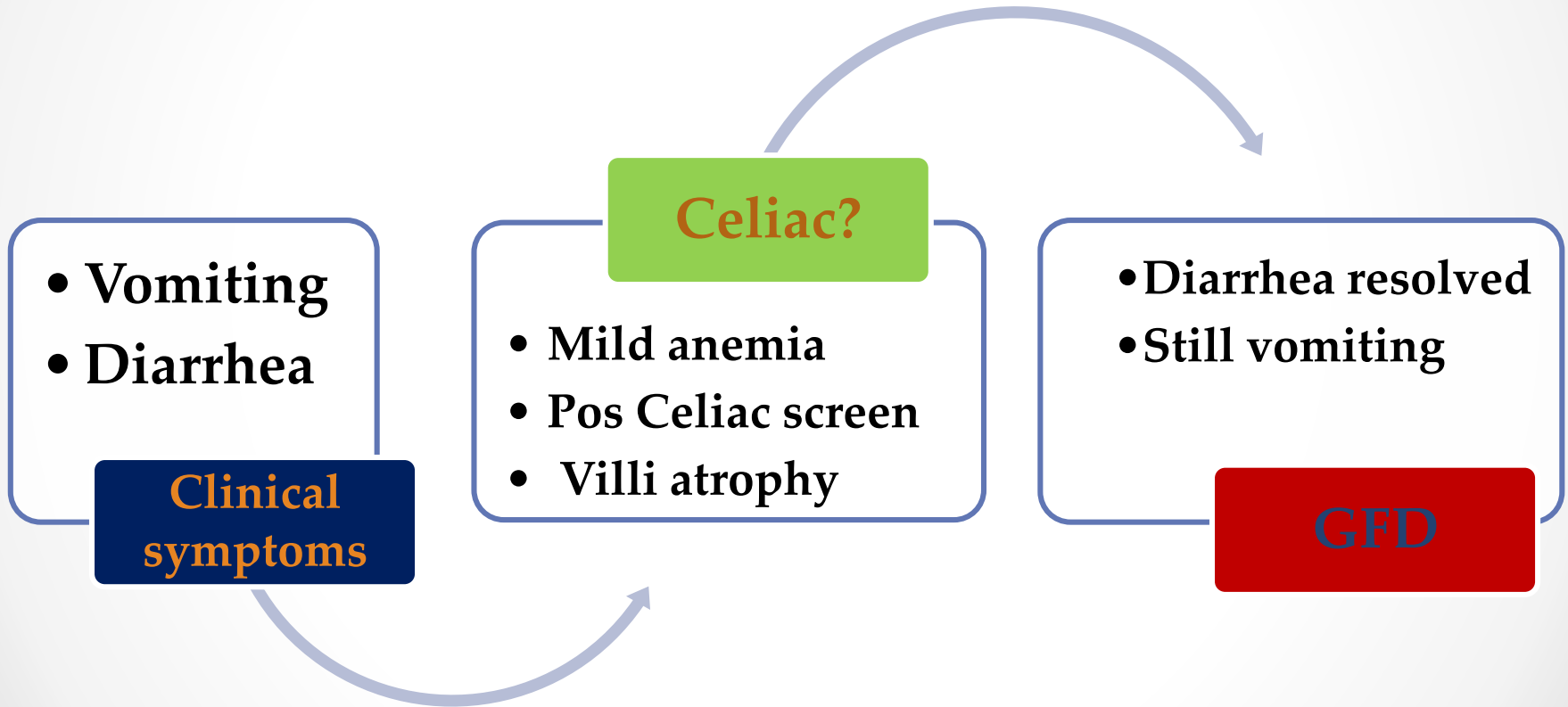
Late Presentation of An Early Defect

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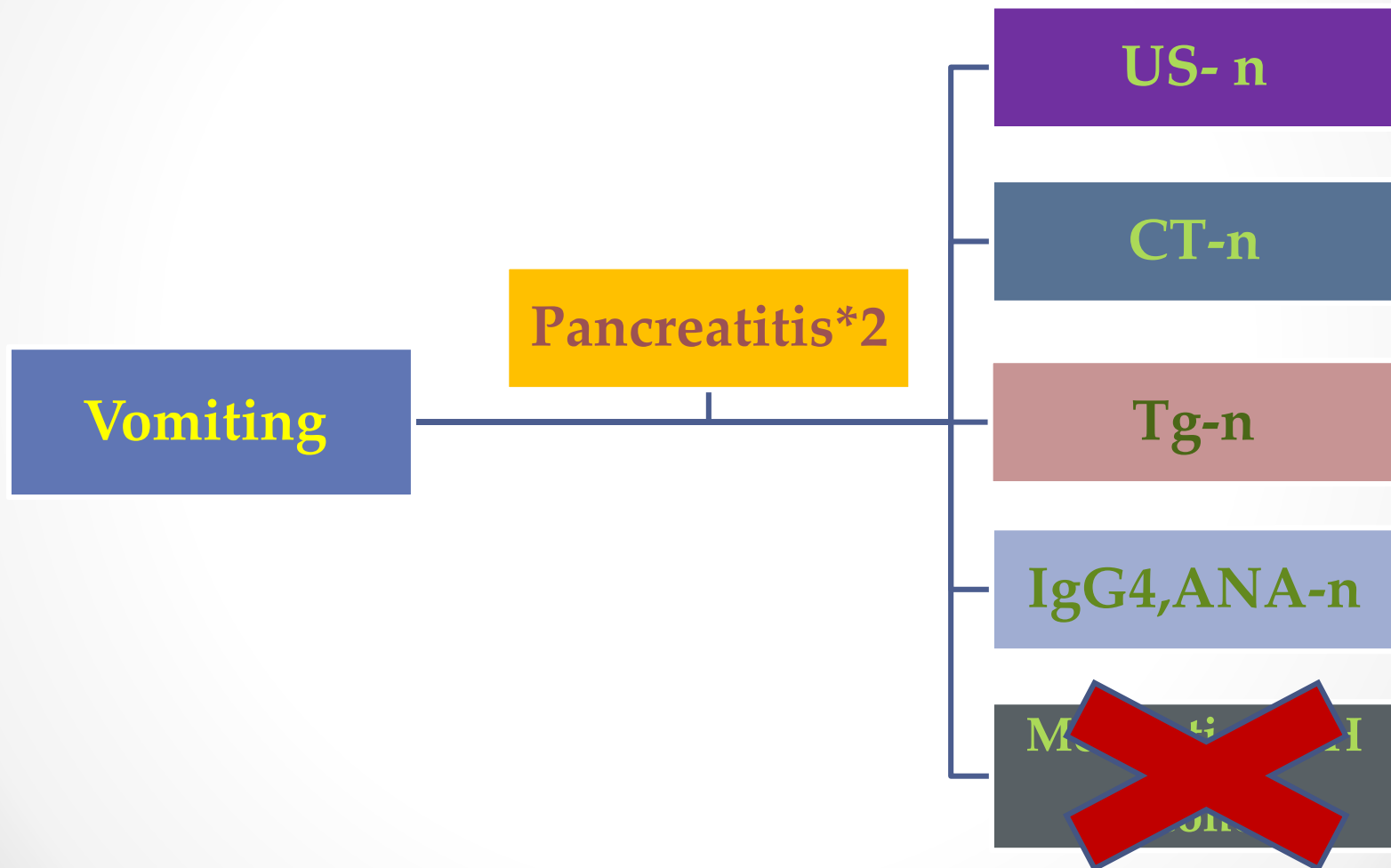
Medical History

- **31y/o M.**
- **Down synd.**
- **Hypothyroidism- Eltroxine tx**
- **s/p VSD repair**
- **s/p Pacemaker implantation d/t AVB**
- **Diaphragmatic hernia repair 2004**

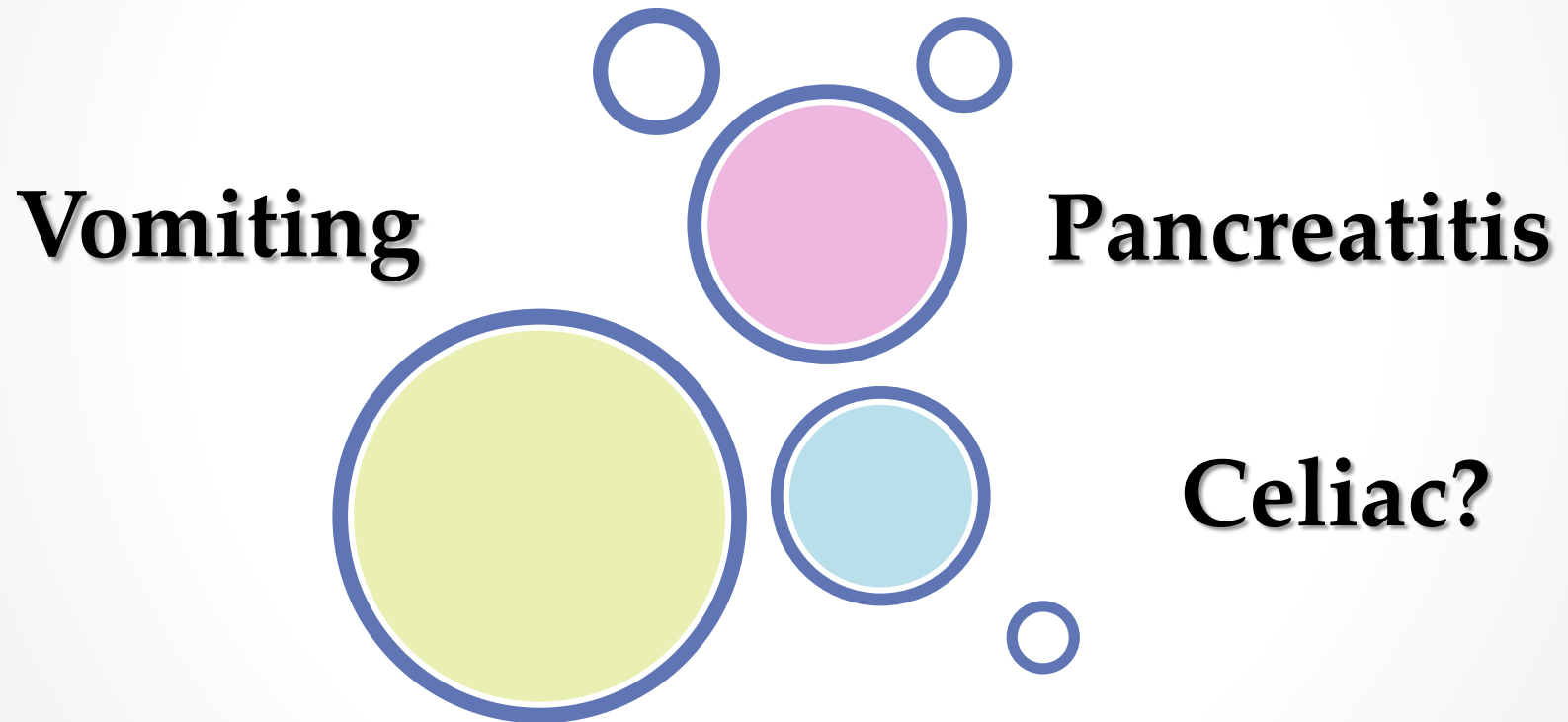
First Presentation



Clinical Presentation II



Any Relationship?



Vomiting Investigation

Motility disorder

- Video fluoroscopic swallowing test (VFST) -n

Proximal obstruction

- EGD, CT, VFST-n

Celiac ?

- Celiac screen-pos, DQ2-pos.
 - Normal biopsies

Pancreatitis induced

- Failed Creon trial
 - Elastase- n

High intra cranial pressure

- Head CT-n

Pancreatitis Work UP



EUS

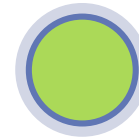
**Pancreatitis
with
chronicity
features**

**Undefined
etiology**



Sweat test

Negative



IgG4 -n

ANA 1:40

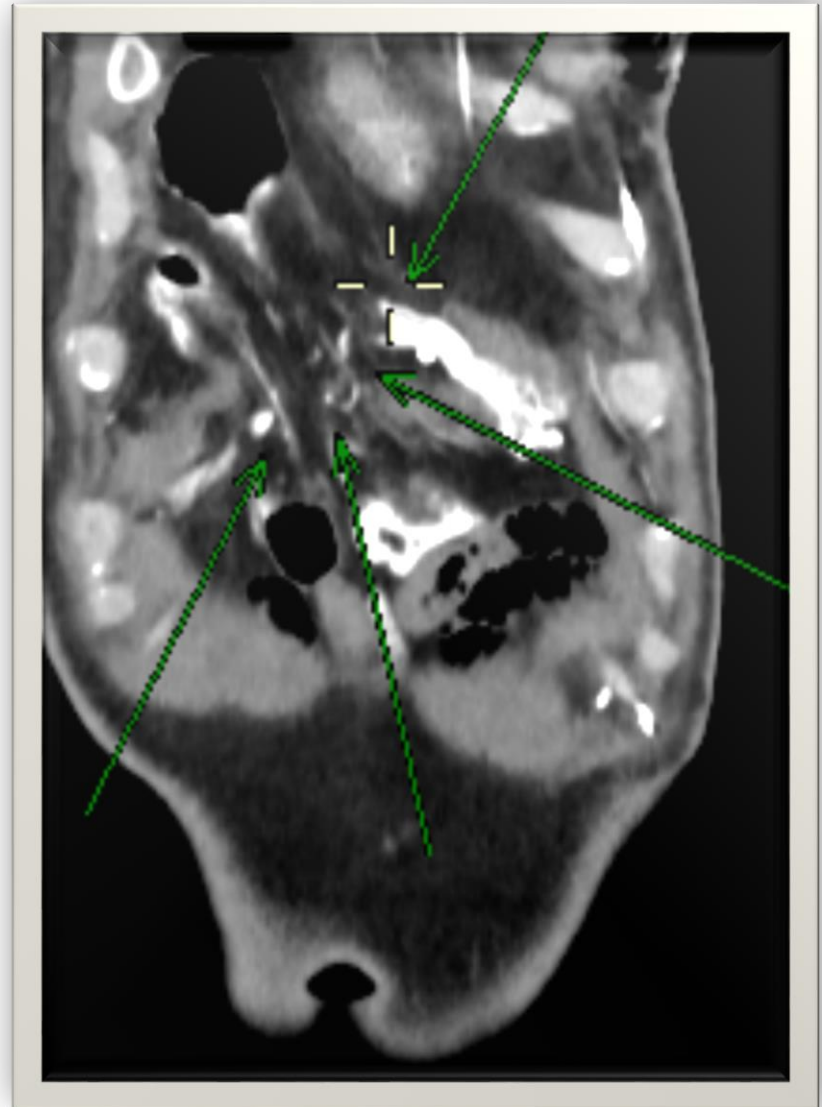


What

to do

next

CTE



Morgagni Hernia

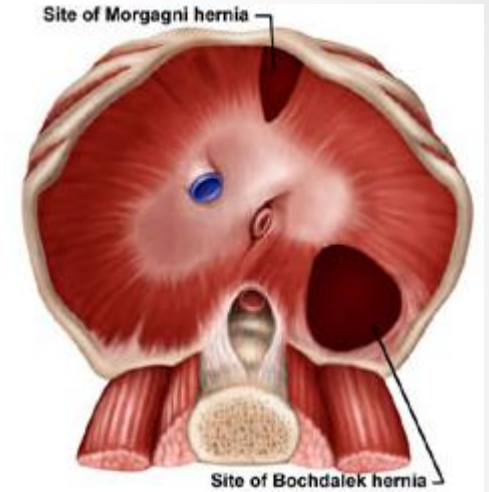
Epidemiology

- **CDHs occurs in about 1 of every 2000-4000 live births .**
- **Morgagni is the least common form of CDHs ~ 5% of all cases.**
- **20 cases are reported in Down synd.**

Morgagni Hernia

Characteristics

- Occurs in the anterior midline through the sternocostal hiatus of the diaphragm.
- 90% of cases occurring on the right side.
- Wide range of associated abnormalities.



Morgagni Hernia

Characteristics

- **Diagnosis can be difficult because of its intermittent feature.**
- **Usually contains transverse colon, omentum, liver and sometimes small bowel and stomach.**

Morgagni Hernia

Clinical presentation & Management

- **Almost asymptomatic or present with non-specific respiratory and GI symptoms.**
- **Even asymptomatic, repair is recommended.**
- **Surgical options include transabdominal or transthoracic repair.**

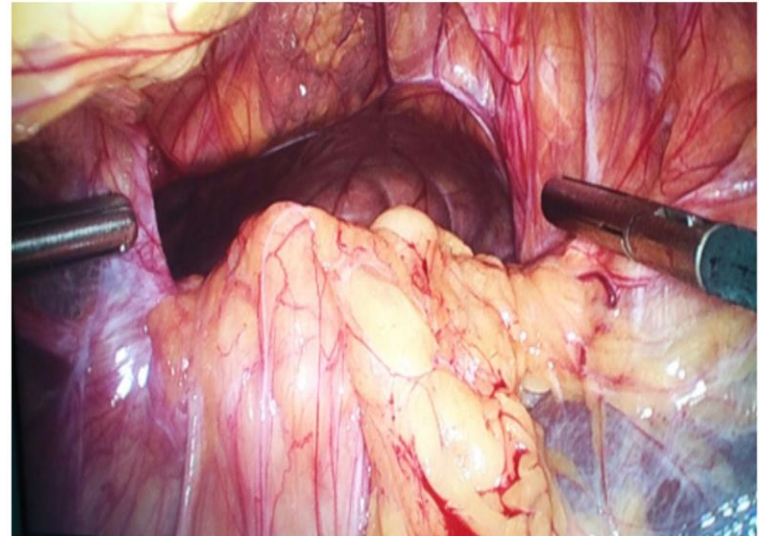
Back To Our Patient

After repair...

Vomiting resolved

No recurrent pancreatitis

Last lipase =70mg/dl



Pancreas Involvement In Morgagni Hernia

- **Few reports of caudal pancreas herniation.**
- **Traction on the organ could lead to ischemic pancreatitis.**

Celiac And Pancreatitis

Pts. with celiac have an increased risk for pancreatitis.

Possible factors:

- **Malnutrition**
- **Altered levels of autoregulatory enteric hormones (such as CCK).**
- **Papillary inflammation and stenosis.**

Other Suggestions?

Thank
you