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THORACOSCOPIC REPAIR OF INHERENT DIAPHRAGMATIC HERNIA: A CASE REPORT OF A YOUNGSTER WITHOUT PRECEDENT FOR AFGHANISTAN

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Introduction: Congenital diaphragmatic hernia (CDH) is birth defect in diaphragm. The diaphragm is a tendon muscular sheet which separates chest cavity from the abdominal cavity. In CDH, either in left or right side, there is a defect through which abdominal vicus primarily intestine herniate to the chest compromising ventilation and lung development. The management and treatment of CDH remains a challenge, the incidence has been reported high as 1 in 2000 births. Approximately 80% CDH are in left side and bilateral defects are rare. The morbidity and morbidity associated with CDH is due to pulmonary hypoplasia and pulmonary vascular hypertension. The typical clinical presentation of CDH is respiratory distress. Open surgery is classic operative approach which now in modern centers converted to thoracoscopic or laparoscopic approach. Survival rates for CDH vary between institutions and range from 25-83 %.

Presentation of case: An 18-month old boy, born at term presented with prolonged cough and difficulty breathing, not improving with conventional therapy and antibiotics. On examination, the patient was found to have mild respiratory distress and decreased air entry to the left lung on auscultation. Review of system was unremarkable. Blood tests were within reference range and chest X-ray showed multiple gas filled bowel loops in the left hemi thorax. CT chest confirmed the diagnosis of left sided CHD. The parents were offered both opened and thoracoscopic approaches. They chose the thoracoscopic approach. Following general anesthesia with the patient on right lateral position with the left chest up, 3 ports are made, one for telescope and two for the instruments. The stomach, small and large bowels and spleen were seen in the left hemi thorax. After insufflation of air to the chest, the viscera reduced readily to the abdominal cavity. The defect closed with 2/0 proline suture and chest tube placed. The chest tube removed on post-operative day 3, and the patient discharge home on stable condition. He was followed up on post-operative day 7 in outpatient clinic with satisfactory condition and the suture removed.

Discussion: Although, the goal of both open and thoracoscopic procedures is to reduce abdominal viscera and to close the diaphragmatic defect. However, the thoracoscopic approach has superiority over open approach owing to several factors such as less pain, early recovery and minimal scar. Furthermore, in the case of CDH, the thoracoscopic repair eliminates the risk of post-operative ileus and adhesions. These benefits were proposed by a paper in Portugal. The crisis also reported 51 patients subjected to thoracospic approach with shorter hospital stay, lesser need for mechanical ventilation and resumption of early feeding. Tyson AF compared Thoracoscopic with open surgery, found out that Thoracoscopic procedure has similar outcomes compare to open approach but it has better cosmetic results.

Biography

Dr. Mohammad Tareq Rahimi born in Kabul Afghanistan in 1971. Has been graduated from Kabul Medical University in 1998 and has got diploma on Pediatric Surgery from Child Health institute Kabul in 2004. He worked as a faculty in Child Health institute for 2 years and after jointed French Medical Institute for Mothers and Children in Kabul and work till now as a consultant of Pediatric Surgery, faculty, Program director and Head of Pediatric Surgery there. Also he trained by Professor B. PVY from France for Plastic surgery during 2006 till 2012 and also he trained in plastic Surgery in Alma hospital in Belgium and in Saint Vinsent de Paul in Paris- France.

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