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**Laparoscopic repair of a symptomatic left sided Bochdalek hernia in a young male with intrathoracic migration of the left kidney, transverse colon and small intestine****Michael Ruysers, Tobie Gys and Thierry Lafullarde**  
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**Introduction:** A 29 years old male presented with intermittent low retrosternal pain and progressive dyspnea with exercise since a couple of months. Cardiac investigation was negative and gastroscopy showed a grade B esophagitis. He was treated medically but with only partial response. On a thoraco-abdominal CAT-scan the diagnosis of a left sided Bochdalek hernia was made. The hernia includes the left kidney (with blood vessels and ureter), transverse colon and small intestine which are positioned in the left lower thoracic cavity with the left lung considerably compressed.

**Method:** Given the clear correlation between the patients' complaints and these anatomical findings, he was referred to our service of abdominal surgery. We performed a laparoscopy with the patient in lithotomy position and the surgeon between the legs. The patient was tilted to his right side. Mobilization of the spleen was necessary to gain maximal access to the hernia. We were able to reduce all the herniated content, freed the margins of the defect, reduced the hernia sac and repositioned the kidney intra-abdominally. The defect was manually closed with non-resolvable stitches and covered with a mesh which was secured with tackers.

**Result:** Post operatively the patient recovered well with adequate pain relief and pulmonary support. He could leave the hospital after 6 days. Control CAT-scan on day 5 post operatively shows an intact lining of the diaphragm with normal positioning of the intra-abdominal organs. On follow-up 6 weeks after surgery the patient had regained normal activities and was symptom free.

**Conclusion:** A symptomatic left sided Bochdalek hernia in adults with an ectopic intra thoracic kidney is extremely rare. We hereby state that, during a laparoscopic repair, the kidney can also be safely reduced, which has almost never been described in literature yet, enhancing pulmonary recovery, improving access for mesh placement and thus diminishing recurrence rate.

**Biography**

Michael Ruysers is a Surgical Resident at the Free University of Brussels in Belgium. He has completed his Master's degree at the University of Antwerp. He is pursuing his Surgical training in General Surgery.

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