Congenital diaphragmatic hernia (CDH) is a congenital defect in the closure of the pleural-peritoneal canal and the abdominal organs are herniated into the fetal chest cavity. Prognosis depends on the time of onset of symptoms, localization, and association with other anomalies.[1] CDH occurs every 2000–4000 births, constitutes 8% of all congenital anomalies and has a high mortality rate.[2]

He was born by a spontaneous vaginal route at 40th gestational week from a 26-year-old mother. He was intubated and referred to our clinic due to respiratory distress and decreased saturation. There was no spontaneous breathing, respiratory sounds on the left decreased, capillary filling time was prolonged, and the abdomen was depressed. The posterior-anterior chest X-ray (posteroanterior [PA] and acromioclavicular [AC]) showed that the bowel loops herniated into the left hemithorax, completely filling the hemithorax, and the mediastinum was significantly displaced to the right [Figure 1]. The patient was operated by pediatric surgery and a control PA AC film was taken [Figure 2]. The patient was given mechanical ventilator treatment, appropriate fluid and electrolyte support, dopamine, norepinephrine, bicarbonate, and antibiotic treatments, but the patient died due to pulmonary hypoplasia at the 20th post-operative hour.

The mortality of CDH varies according to the clinical situation. Delivery of the cases with prenatal diagnosis in

Figure 1: The posterior-anterior chest X-ray showed that the bowel loops herniated into the left hemithorax, completely filling the hemithorax, and the mediastinum was significantly displaced to the right

Figure 2: Chest X-ray taken after the patient was operated
centers capable of extracorporeal membrane oxygenation reduces mortality, prenatal diagnosis is important in this respect. Studies on fetal surgery and lung transplantation are underway for future treatment of CDH.

REFERENCES

