

A rare case of congenital diaphragmatic liver herniation presenting a differential for lung sequestration.

NHS

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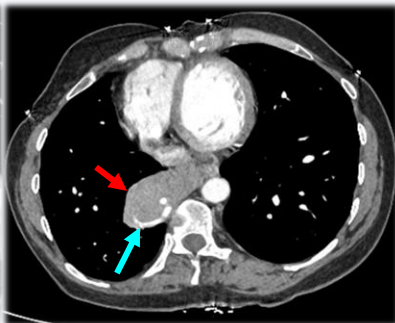
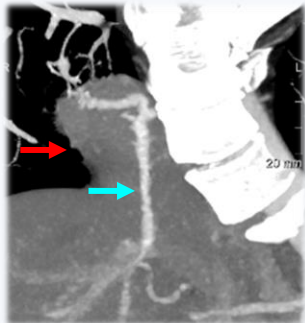
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Background

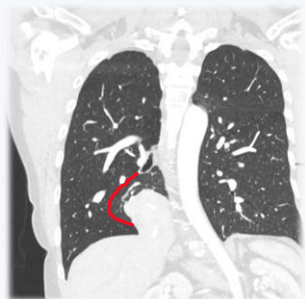
- Congenital diaphragmatic hernias (CDH) have a prevalence of 2-3 in 10000 births:
 - ~95 % posterior Bochdalek type³
 - 5% anterior Morgani type.⁴
- Often associated with other congenital anomalies.

Case Presentation

- 46 year old female present with persistent haemoptysis.
- Cross-sectional imaging demonstrated a mass in the azygo-oesophageal recess.

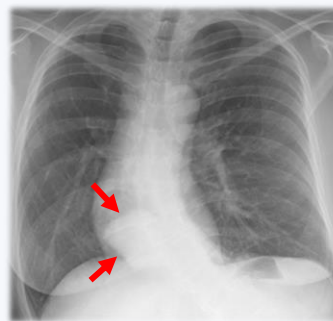


-CECT – homogenously enhancing mass (←)
-prominent vessel extending towards the hepatic veins (←)

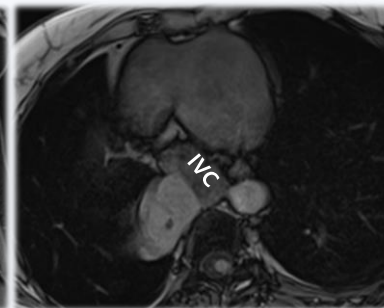


- Congenital abnormalities:
 - Marked thoracolumbar scoliosis.
 - Bilobed right lung with hypoplastic right lower lobe (*solitary fissure*).

Initial diagnosis favoured pulmonary sequestration with venous drainage into the hepatic veins.



- In retrospect there was a mass on historical chest radiographs (→)
- Further investigation with MRI:
 - mass was continuous with and followed liver signal on all sequences.
 - enhanced with Primovist.



MRI with Primovist demonstrates continuous liver enhancement; it crosses the diaphragm through defect in the caval foramen.

- This most likely represents a **congenital caudate lobe herniation though a rare defect in the inferior vena cava opening.**

Discussion

This CDH case appears to represent an usual presentation of a Bochdalek hernia or a separate caval foramen hernia, which has been reported as a rare incidental finding in literature⁵. CDH are important to recognise within the differential of a longstanding lung mass with apparent vascular and anatomical anomalies.

References

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4. Schubert H, Haage P. Images in clinical medicine. Morgagni's hernia. N Engl J Med 2004;351:e12.
5. Ng CS, Lee TW, Wan S, Yim AP. Caval foramen hernia masquerading as a thoracic mass. Can J Surg. 2006 Feb;49(1):64-5. PMID: 16524148; PMCID: PMC3207508.