AN ASYMPTOMATIC 26-YEAR-OLD SCHOOL teacher was referred to the thoracic surgeon following a routine chest roentgenogram which had revealed a mass in the left lower posterior thorax. Fluoroscopy revealed the mass to be intimately associated with the left hemidiaphragm, and it moved with respiration, but not quite as freely as the surrounding diaphragm. The mass did not contain gas or calcification. The esophagus and stomach appeared normal.

Past history was unremarkable. Physical examination was normal.

*From The Duluth Clinic.
Diagnosis: **INTRATHORACIC HERNIATION OF THE KIDNEY**

Excretory urogram was performed to clarify the nature of the mass. The left kidney lay in an abnormally high position. The left lateral view confirmed that the mass represented a herniated kidney (Figs. 3 and 4).

The kidneys are unusual among the organs of the body in that they ascend during fetal development. One or both kidneys may be misplaced congenitally. Usually this ectopia represents failure of ascent. Generally the normal left kidney is about one-half inch higher than the right, although they are not uncommonly at the same level. Upward displacement is relatively rare and is apparently confined to the left kidney. It produces a rounded mass in the posteromedial aspect of the left lower thorax. The ureter is, of course, elongated. Since there seems to be no predisposition to infection or obstruction, the herniation is asymptomatic.

With this roentgen appearance, consideration should also be given to the diagnosis of localized eventration of the diaphragm, a term used to describe an abnormal elevation of the diaphragm from weakness or atrophy of its muscle. In fact, it is difficult, if not impossible, to distinguish localized eventration from herniation pathologically, since the thinned-out diaphragm may closely resemble a hernial sac. On the left side, other causes of localized diaphragmatic displacement include enlargement of the spleen, left renal tumor, carcinoma of the stomach and splenic flexure of the colon, diaphragmatic tumor, esophageal hiatus hernia, traumatic hernia of the diaphragm, epicardial fat pad and pericardial cyst.

**References**


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