This 30-year-old woman was admitted to the hospital with a two-year history of abdominal oppression. She had had constipation for many years and experienced postprandial upsets and dyspnea on exertion for two years. Physical examination revealed a very thin, dyspneic woman. Diminished movement of the left hemithorax with absent breath sound and hyperresonant note on percussion were noted. The abdomen was markedly distended without visible peristalsis.

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FIG. 1
Megacolon is usually diagnosed by means of barium enema and, as a rule, does not produce marked elevation of the diaphragm. Included among the many conditions to be considered in the differential diagnosis are neurogenic muscular aplasia (eventration) of the diaphragm, traumatic diaphragmatic hernia, obstructed hiatal hernia and pulmonary collapse.

Eventration with thinning of diaphragmatic musculature should always be suspected in cases in which conventional films of the chest show uniform elevation of a hemidiaphragmatic leaf, especially the left. Hoover's sign (i.e., exaggeration of the inspiratory widening of the subcostal angle and outwards movement of the costal margin on one side) and fluoroscopy help to demonstrate paradoxical movement. Artificial pneumoperitoneum, which has been advocated as a diagnostic procedure, failed in this patient because of technical difficulty. The thickness of the diaphragmatic leaves on the two sides, therefore, could not be compared.

Diaphragmatic hernia is rare in Thailand. In some cases of the traumatic variety, the distinction can only be made by barium studies, in which the afferent and efferent limbs of the barium column will lie alongside each other, and the end of the column will be funnel- or beak-shaped because of constriction.**

References


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Readers are invited to submit articles for the Roentgenogram of the Month. Please submit a brief abstract of your case to Benjamin Felson, M.D., Department of Radiology, Cincinnati General Hospital, Cincinnati, Ohio.