Introduction

Bochdalek hernia is an embryological defect in the posterolateral diaphragm that allows herniation of abdominal contents into the thorax. This causes mechanical compression of the developing lung parenchyma and resultant pulmonary hypoplasia [1]. As such, Bochdalek hernias usually present in the neonatal period with respiratory distress. However, less frequently they can present later in childhood and adulthood [1-3]. Presentations range from asymptomatic incidental finding on imaging, to acute and chronic respiratory (respiratory distress, chest pain, recurrent chest infections) and gastrointestinal symptoms (abdominal pain and vomiting, bloody stools, constipation) [1-3]. Complications include recurrent chest infections, chronic lung disease, volvulus, obstruction, and ischaemia of herniated stomach or bowel and other herniated organ dysfunction [1-3]. Misdiagnosis of Bochdalek hernia has often been reported and is associated with significant mortality and morbidity [1,3].
Congenital diaphragmatic hernias should therefore be considered in the differential diagnosis whenever a child presents with respiratory distress, recurrent chest infections, bowel obstruction or chronic non-specific symptoms [1].

References

