[PICTURES IN CLINICAL MEDICINE]

Acquired Localized Diaphragmatic Eventration with Liver Herniation

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Picture 1.

Picture 2.

A 77-year-old woman with no history of trauma was admitted with a recent myocardial infarction. A physical examination revealed no decreased breath sounds bilaterally. A routine chest X-ray showed an intrathoracic nodular opacity adjacent to the right diaphragm, which had increased in size in comparison to X-rays that had been taken 5 and 9 years previously, respectively (Picture 1). Computed tomography

of the chest revealed a localized diaphragmatic eventration with hepatic protrusion (Picture 2). ^{99m}Tc -galactosyl human serum albumin liver scintigraphy showed a focal elevation of the right lobe of the liver, and thus a diagnosis of liver herniation was made (Picture 3). Eventration of the diaphragm is caused by the development of weak fibrous diaphragmatic tissues. It is usually congenital, while the occurrence of acquired cases accompanied by trauma or increased intra-abdominal pressure is rare (1). Liver herniation in association with such cases is relatively rare, but can sometimes be

Picture 3.

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associated with diaphragmatic eventration when combined with compression of the diaphragm (2).

The authors state that they have no Conflict of Interest (COI).

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