

## Diaphragmatic Hernia – A mis-diagnosed entity

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### Abstract

Diaphragm, the separating curtain between chest and abdomen is not only a demarcation between the 2 cavities but is also a potential muscle of respiration. Polytrauma often results in to traumatic tear of diaphragm. This not only leads to migration of abdominal viscera in to thoracic cage but also causes definite respiratory distress. Another problem which arises is that when an X-ray chest is performed in these patients it usually is confused with pneumothorax. Presuming it a pneumothorax, Tube thoracostomy is usually performed as an emergency procedure. This intervention is usually done by a younger colleague resulting in to accidental iatrogenic injury to abdominal viscera. Tubes have been frequently taken out from stomach. Although the tear is more common on left side, right side is also not spared and 1/3 rd of these tears occur on right side. Although it is not necessary that a diaphragmatic tear can be present in every case of trauma yet even a minor trauma like hitting with shoe or even hyper emesis due to pregnancy can cause a diaphragmatic tear.

Keeping in view the mobility of diaphragm, its repair is considered mandatory. The repair can be easily accomplished through abdominal or thoracic approach. Whatever the approach, importance is given to preserve the nerve supply. Being a Thoracic Surgeon, my preference is through chest and I've Alhamdulillah done it so many times in my professional career. I intend to share my experience with the august gathering of surgeons.

Key Words: Diaphragm, Hernia, Polytrauma



### Speaker Biography:

Pervez Ghulam Shabbir is a senior Thoracic Surgeon with a vast experience of Thoracic surgery.

He did his Masters in Thoracic Surgery from Punjab University and is a Fellow of American College of Surgeons. He worked as the Head of department in a tertiary care chest hospital for more than 10 years. Currently, he is the Professor and Head of department in a Medical college. He has about 14 publications in national and international journals and has presented his work in various national and international conferences. He has, on his credit, many trainees who are working in different renowned institutions. His keen interest is minimal access thoracic surgery

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