ABSTRACT

Traumatic diaphragmatic rupture is an uncommon injury in children. It is an important cause of morbidity and mortality, and diagnosis may be missed or delayed with atypical clinical presentation and confounding radiological features. We present a 4-year-old boy who presented with periumbilical abdominal pain, bilious vomiting, fever and progressive difficulty in breathing for two days. He had complained of vague left-side chest pain on return from the swimming pool about 6 weeks earlier. An initial chest radiograph showed a non-outlined left hemidiaphragm, a left pneumothorax, rightward mediastinal shift and suspected bowel in the chest. He could not afford a CT scan, hence a repeat chest radiograph was performed which outlined the stomach with an air-fluid level in the left hemithorax. He had emergency exploratory thoracotomy and operative findings revealed a 4-cm tear through the tendinous part of the left hemidiaphragm through which the stomach and omentum had herniated.