The importance of the X-ray

X ışınının önemi

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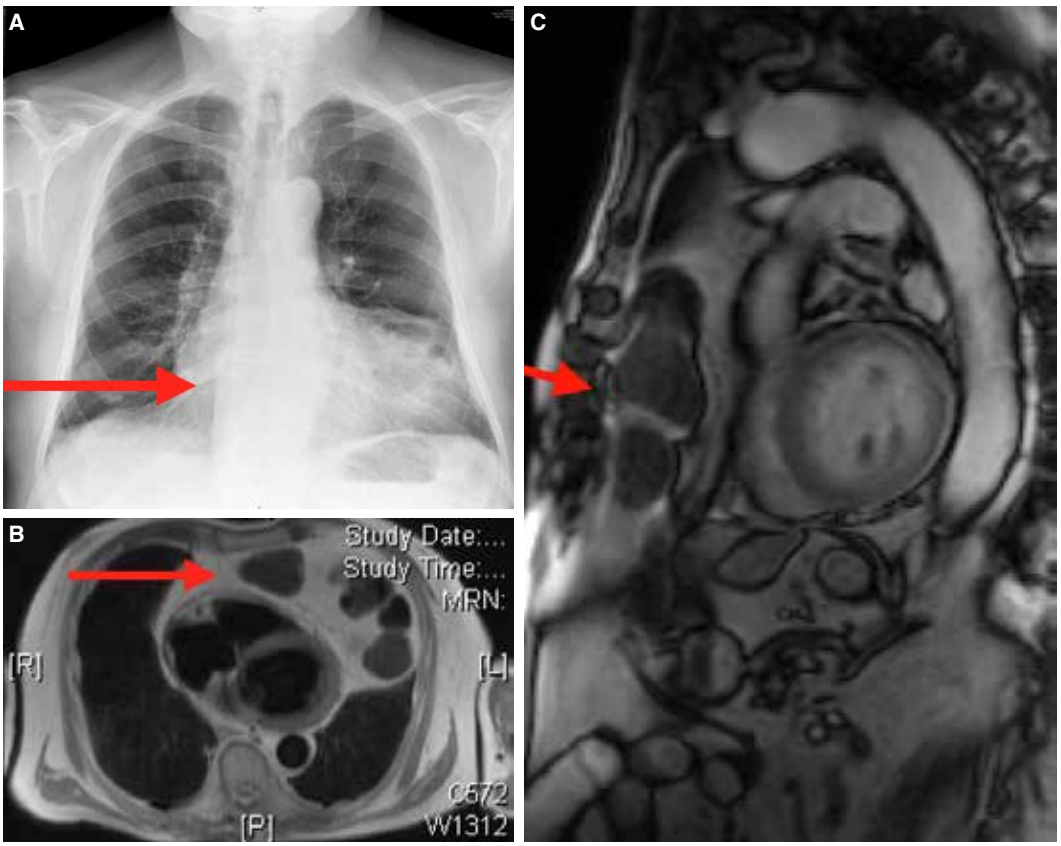
An 82-year-old man with a history of type 2 diabetes, hypertension, obesity, and chronic obstructive pulmonary disease presented with dyspnea on exertion at cardiology consult. He was referred from primary care on suspicion of heart failure. Blood tests were normal on presentation. Electrocardiogram showed sinus rhythm with first-degree atrioventricular block. Posteroanterior chest X-ray showed increased mediastinal opacity, with suspected bowel herniation. Poor echocardiographic window showed no structure. Cardiac magnetic resonance imaging (CMRI) demonstrated a large herniation of the bowel into the anterior thoracic cavity (Figures). Morgagni's hernia was most likely diagnosis. The patient was referred to thoracic surgery, and diagnosis was confirmed. Congenital anterior diaphragmatic defects can result in herniation of abdominal contents, including the stomach and bowels, through the foramen of Morgagni. Diagnosis could be incidental in adulthood or present with obstructive symptoms. Due to air interposition, these defects would not be visible on echocardiography, but would be visible with chest X-ray, computed tomography, or CMRI. Surgical treatment consists of direct closure or mesh placement, or suturing by transabdominal or transthoracic access.



Figures– (A) Posteroanterior chest X-ray. **(B)** Cardiac magnetic resonance imaging (CMRI) showing bowel herniation. **(C)** CMRI demosntrating Morgagni's hernia.