

Title:

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Bochadek hernia: the utility of capsule endoscopy

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Dear Editor,

An 85-year-old man was admitted to the emergency department with a one-week history of hematochezia. The patient denied previous episodes of overt gastrointestinal bleeding. Past medical conditions included a large Bochdalek hernia (BH) containing the hepatic flexure (Figure 1-left image). The patient was hemodynamically stable and had no relevant findings on physical examination. Laboratory studies revealed anemia (hemoglobin level of 5.4 g/dL).

After blood transfusion, several attempts to perform a complete colonoscopy were carried (including with administration of sedatives and then using a single-balloon assisted enteroscope) [1], however cecal intubation was not feasible due to recurrent loop formation, with progression only to the hepatic flexure. In every attempt, fresh blood was observed along the mucosal surface, without identifying any potential bleeding source.

After the completion of an upper endoscopy, which was normal, it was decided to perform a pan-enteric capsule endoscopy (CE), in order to observe the remaining colon and also to exclude bleeding from the small bowel [2, 3].

A prior patency capsule was not performed in this patient, due to absence of obstructive symptoms and signs of bowel obstruction on abdominal radiography. [2]. CT-angiography was also not performed due to absence of hemodynamic instability and clinical signs of surgical complications related to the BH, such as ischemia or obstruction [4].

CE revealed a congested mucosal surface, with erosions and small linear ulcers, on the right (herniated) colon, with no signs of active bleeding (Figure 1-right image). These alterations, related to the mechanical trauma due to extrinsic compression, were the most likely cause of this bleeding event.

The patient remained clinically stable, being discharged 3 days later. After six weeks, the patient was reevaluated, reporting no recurrence of bleeding. It was decided not to perform surgery on the BH due to the patient's age and clinical stability.

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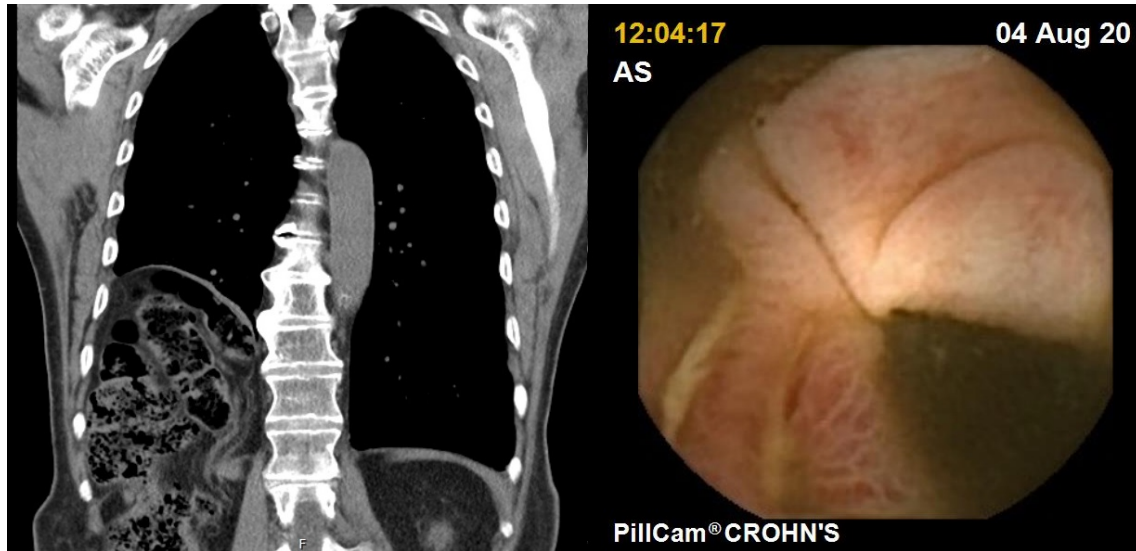


Figure 1. Left image - Previous chest CT of the patient, revealing the Bochdalek hernia on the right hemithorax; Right image - Frame of the capsule endoscopy performed, showing a congested mucosal surface, with small linear ulcers.