



Intrathoracic Left Kidney due to Bochdalek Hernia

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Clinical Image description

Male patient aged 78 with no relevant medical history who attends because of right rib pain after accidental trauma. Thoracic CT (Figures 1A, 1B, 1C, & 1D) shows a Bochdalek diaphragmatic hernia, which is the reason of absence of left kidney in its natural position, perirenal fat and mild left basilar subsegmental atelectasis. The absence of respiratory symptoms and preserved renal function, a conservative attitude was chosen.

Bochdalek hernia is the most frequent diaphragmatic congenital defect, it usually happens on the left side as a consequence of a defect or lack of closure of pleuroperitoneal tube

during embryonic development of the diaphragm, which take places between weeks 8 and 10. There may be protrusion of abdominal structures to thoracic cavity through the diaphragm, in most cases, the small intestine, but it can also contain caul, stomach, colon, spleen and, very exceptionally, the kidney, being this the peculiarity of this case.

Arrival at adulthood is exceptional as it often tends to be asymptomatic or with a predominance of digestive symptoms. The diagnosis in adulthood is made, in most cases, unintentionally as the case of our patient.



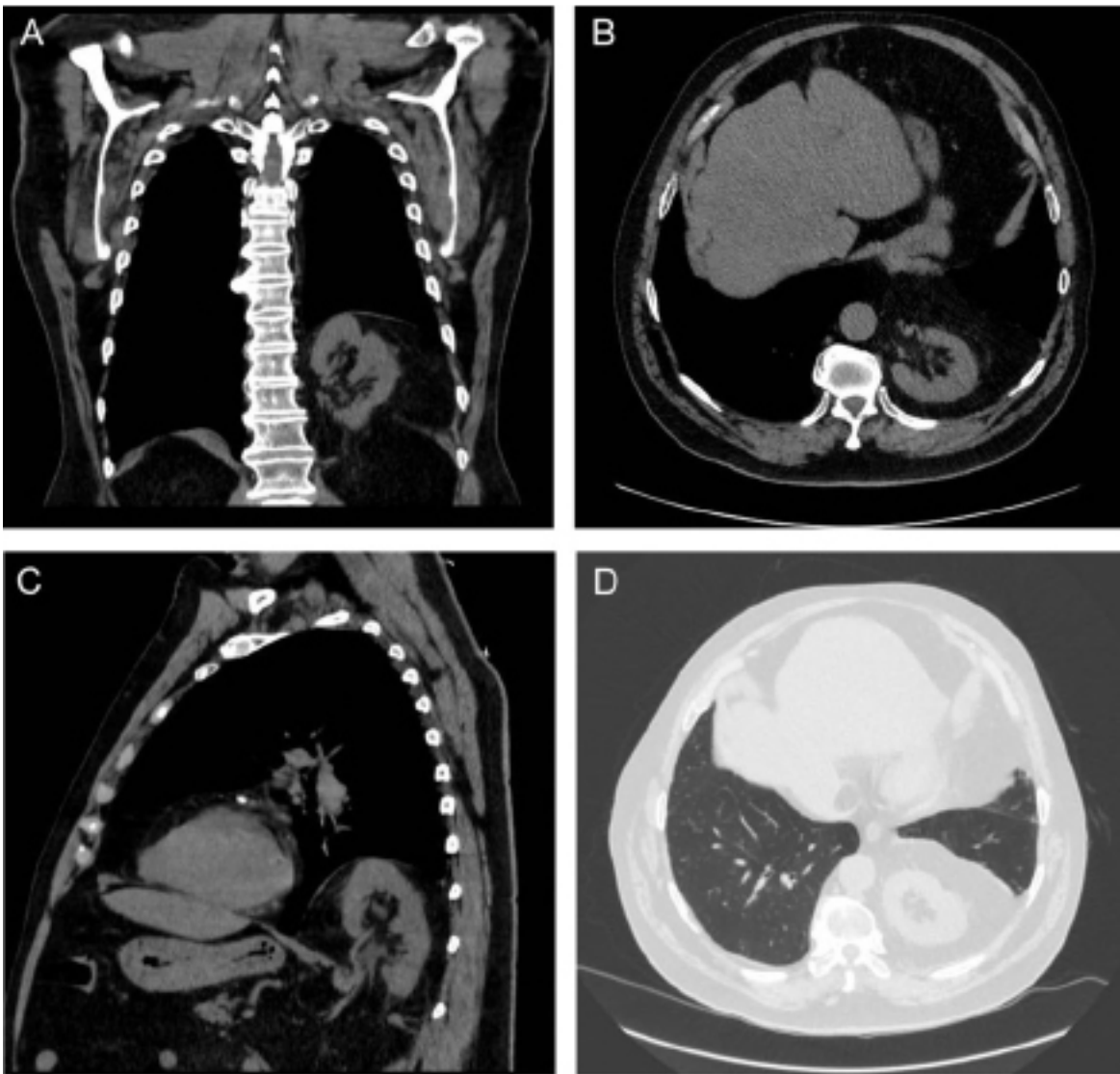


Figure 1: Coronal reconstruction of thoracic CT, which shows Bochdalek hernia and left kidney drove to thoracic cavity (A): Axial tomographic sections without intravenous contrast with mediastinal window (B): and parenchymal window (D): Sagittal section (C): Diaphragmatic defect is evident in all of them.