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Lap management of huge diaphragmatic defects

Faheem A Elbassiony
Kasr El Aini Hospital, Egypt

Hiatal hernia is a common surgical finding particularly with GERD. However the size of the hiatus is sometimes too big and can accommodate most of stomach and even other abdominal viscera (Type4 HH). Huge defects can also be congenital that may present early in infancy and childhood or otherwise the presentation can be delayed to adulthood. It can also be the result of trauma where the diaphragmatic injury can pass unnoticed especially in blunt trauma and can present long time after the original event. Complications in huge diaphragmatic defects are common (upto 45%) and mortality is high if neglected (upto 50%). Complications include obstruction, volvulus, strangulation, bleeding, and perforation in addition to pulmonary and nutritional complications. Surgical intervention is the only option to manage these cases and in every case the application of a mesh should be considered due to the big size of the defects and/or to prevent recurrence. Short esophagus is another problem that should be solved especially in longstanding HH. In this work we present our experience in managing such cases with video clips

Biography

Faheem A Elbassiony is currently working in Kasr El Aini Hospital, Egypt

fabassiony@hotmail.com

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