

PII10: MINIMAL INVASIVE REPAIR OF MORGAGNI HERNIA IN CHILDREN

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Background This study aimed to present our laparoscopic treatment of morgagni hernia.

Materials and methods Medical records of patients who underwent repair of Morgagni hernia were reviewed for demographics, presenting symptoms, diagnosis, surgical details and postoperative period.

Results There were twelve patients with hernia between years 2006–2016 (twelve boys). Median age at operation was 36 months (5–72 months). Eight incidentally diagnosed were asymptomatic. Presenting symptoms were; recurrent lung infection in three patients, and one patient had respiratory distress. Twelve defects were repaired with extracorporeal non absorbable sutures with subcutaneous knots. The one patient was repaired intracorporeal suturing was preferred in one patient with the largest defect. All patients were repaired primarily. Colon was the only organ herniated in all. Hernia sacs were excised except three fibrotic ones. There is only one suture reaction in the subcutaneous tissue at postoperative 4 months. There were no complications or recurrence in postoperative 71.5 months (12–130 months) follow up.

Conclusions Minimal invasive repair was efficient and safe in morgagni hernia. Patch may not be necessary even in large defects.

Key words morgagni hernia, extrocorporeal