

Successfully Treated Severe Cameron Type Ulcer in a Recurrent Morgagni Hernia

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GUNDERSEN
MEDICAL FOUNDATION

INTRODUCTION

- Morgagni hernias are rare diaphragmatic hernias located in the anterior or retrosternal areas and comprise only 2-5% of congenital hernias.
- There are only a handful of cases in the literature in which these hernias present with upper gastrointestinal bleeding. Typical endoscopic treatments can be limited due to anatomic and technical reasons.

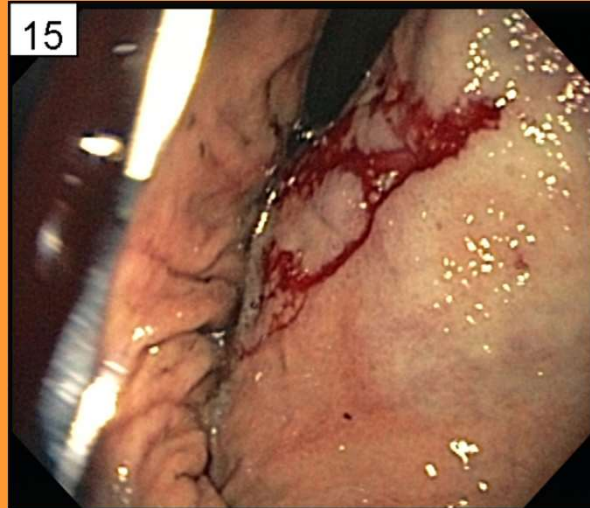


Figure 1 – Vessel oozing after initial contact in stomach view prior to clipping on EGD.

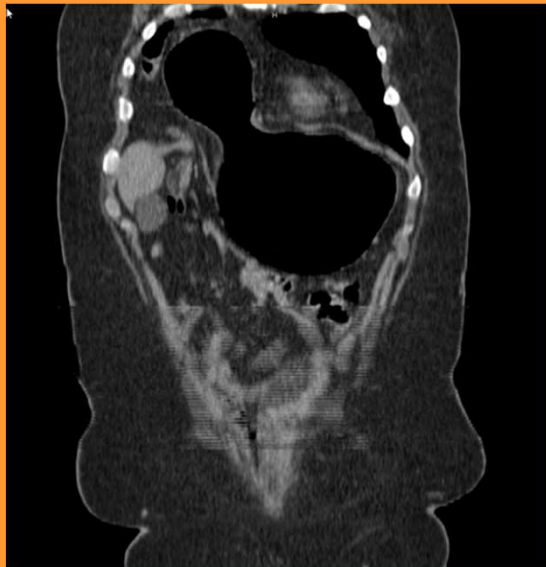


Figure 2 - CT showing Morgagni hernia prior to initial repair with stomach antrum in right chest and stomach body under left diaphragm.

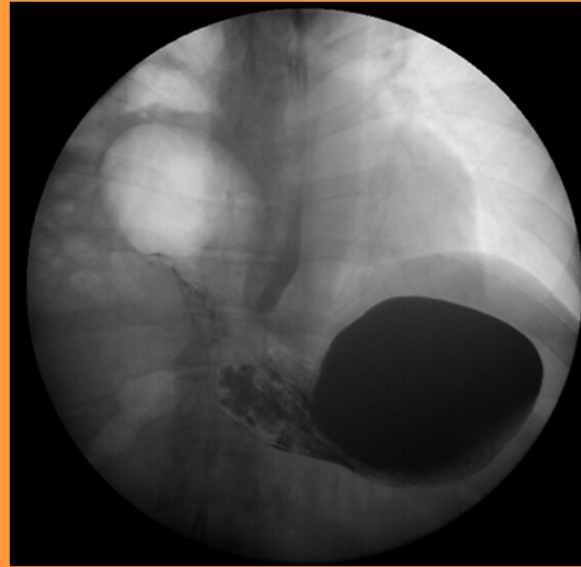


Figure 3 – Upper GI Series showing recurrent Morgagni Hernia with first portion of duodenum above hernia defect on right side with stomach body and GE junction below the diaphragm.

CASE DESCRIPTION

- A 44-year-old Native American male presented with four days of weakness and orthostatic hypotension, melanotic stools over the last 2 weeks and weight loss.
- Medical history included a Morgagni hernia repair with Nissen fundoplication many years ago with ongoing tobacco and aspirin use.
- Tachycardic and hypotensive with an initial hemoglobin of 5.3.
- Following resuscitation with transfusions and intravenous fluids, he underwent an EGD which showed three ulcers causing circumferential stenosis in the mid-gastric body near the hernia. Two ulcers were superficial without stigmata of bleeding and the third was cratered with a visible vessel without active hemorrhage. After injection with 1:10,000 epinephrine, the ulcer was treated with bipolar diathermy along with placement of three clips along the ulcer base.
- Gastric biopsies were negative for *H. pylori*. He was referred to surgery after hospital discharge for repair of the recurrent Morgagni hernia.
- However, he was lost to follow-up and suffered a myocardial infarction two years later. He then developed a gastric outlet obstruction from the hernia which improved with conservative management. He eventually underwent surgical repair of the hernia without recurrence.

DISCUSSION

- Morgagni hernias are rare congenital diaphragmatic hernias and can originate from failure of the pars tendinalis of the costochondral arches fusing with the pars sternalis.
- Etiology of bleeding is similar to that of Cameron type lesions from erosion due to the hernia rubbing on the diaphragm defect under pressure.
- Typical endoscopic treatments can be limited due to anatomic and technical reasons, however, in this patient bipolar cautery and clipping achieved hemostasis.