



# Unanticipated Pericardial Breach and Surgical Migration in Morgagni Hernia



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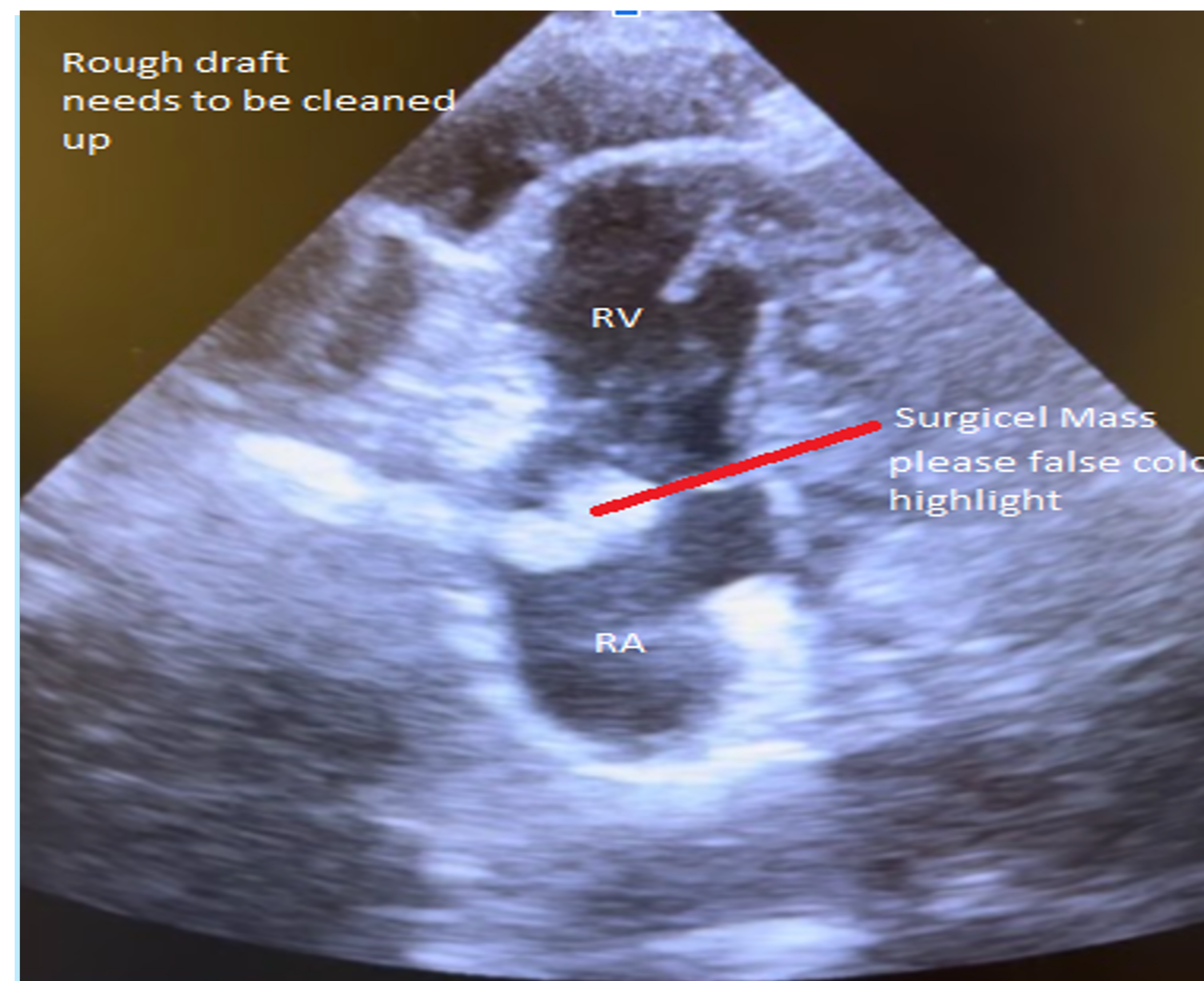


## INTRODUCTION

- Morgagni:
  - Rare congenital diaphragmatic defects.
- Location:
  - Anterior and retrosternal position.
- Untreated consequences:
  - Potential for bowel obstruction.
- Repair methods:
  - Open techniques for bilateral defects.
  - Minimally invasive techniques
- Complications encountered:
  - The breach in the pericardial sac, requiring intervention

## CASE DESCRIPTION

- **Patient HX:**
  - Severe emphysema, COPD, hypertension, CHF, CAD, and prior CABG
  - Regular cardiac rhythm -diminished bilateral breath sounds.
  - Neurological: normal, lab work normal, EKG and Echo normal with trivial AR
- **Intraoperative course:**
  - Precautions were taken due to the patient's complex medical history.
  - Hypotension is managed with phenylephrine infusion.
  - Significant bleeding was encountered and controlled with Surgicel.
  - Finding: Breach in the pericardial sac- repaired with Surgicel
  - The patient was extubated and transferred to PACU -with stable vitals.
- **Postoperative Course:**
  - The patient complained of upper abdominal pain and received Hydromorphone
  - Persistent hypotension, hemoglobin dropped- vasopressor support started
- **Bedside TTE:**
  - A dilated RV, moderate pericardial effusion
  - A large echogenic mass in the right atrium.
- **Emergency actions are taken:**
  - Moved to the OR for open-heart surgery via median sternotomy.
  - Surgicel was removed, and the right ventricle was repaired.
  - The patient remained in ICU on vasopressors.
  - Eventually, weaned off and extubated.



Intraoperative multi-D TEE image of surgical in the right atrium



Surgicel removed from Rt Atrium.

## DISCUSSION

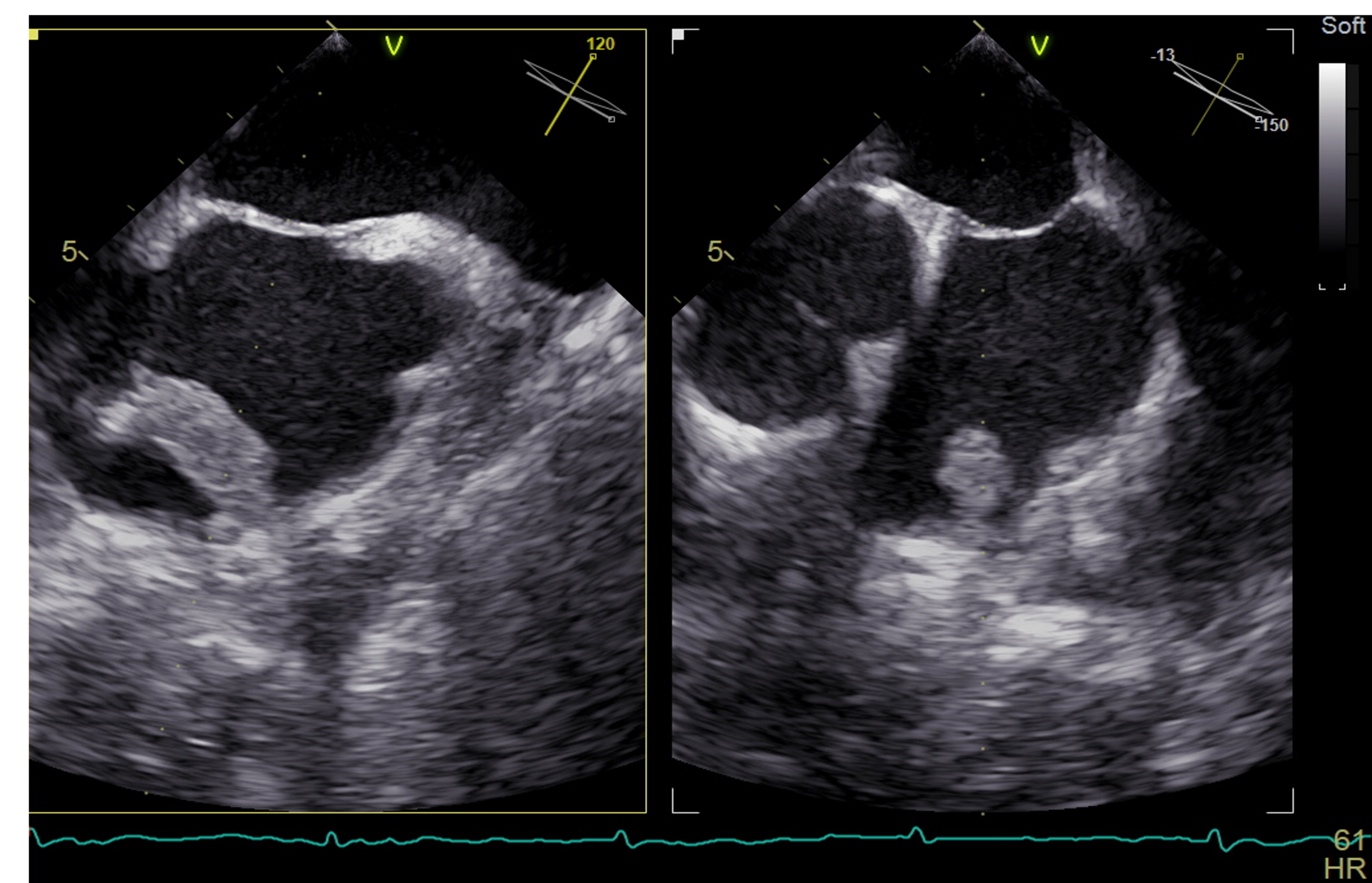
- Morgagni syndrome presents diagnostic challenges due to late presentation.
- Minimally invasive techniques via the thoracic cavity are used to reduce complications.
- The case highlights the importance of vigilant monitoring and swift TTE utilization.
- TTE found loculated pericardial effusion and Surgicel migration into the heart.
- Immediate open-heart surgery removed Surgicel and repaired the right atrium.
- Early recognition and intervention were key to a positive patient outcome.
- Anesthesiologists play a vital role in recognizing initiating & interventions.
- A multidisciplinary approach is critical for high-risk patients.

## CONCLUSION

The case underscores the importance of preoperative evaluation, intraoperative management, and postoperative vigilance for high-risk surgeries.

## REFERENCES

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