

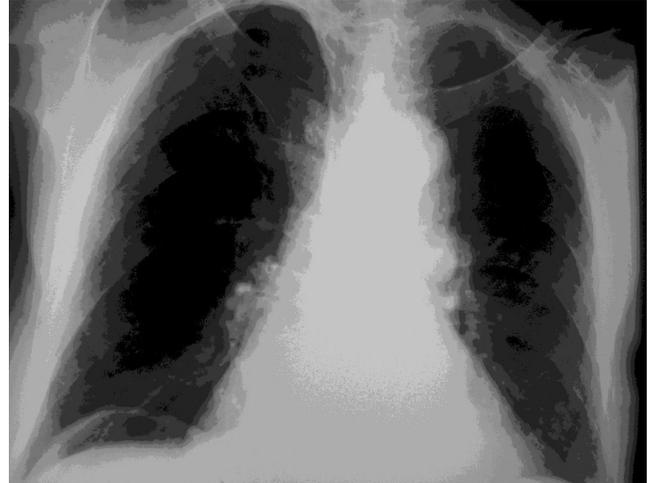
Letter to the Editor

Chilaiditi's syndrome

Madam, Chilaiditi's Syndrome is an infrequent condition with radiological evidence of symptomatic colonic interposition between the liver and diaphragm.¹ The diagnosis of this syndrome by erect abdominal and chest plain films is important, and it allows the differentiation from pneumoperitoneum, ruptured abdominal viscera, and subphrenic abscess to be made.² In general, patients are asymptomatic, but some patients have been associated with gastrointestinal and respiratory symptoms. The management is usually conservative and surgical intervention is rarely indicated.

A 65-year-old woman was admitted to the hospital with a history of cough, abdominal pain, and recurrent respiratory distress. She was afebrile and haemodynamically stable. Tympany and high-pitched bowel sounds were audible over the right abdomen, which was diffusely tender without rebound tenderness. There was no surgical history. The chest X-ray revealed an elevation of the right hemi diaphragm (Figure), dilated colonic loop under the right hemi diaphragm (Figure).

In most instances, the symptoms respond to conservative therapy including bed rest, nasogastric tube decompression, abstinence from solid foods, fluid treatment, stool softeners and enemas. The patient was also conservatively treated with oxygen, fluid supplementation and bed rest, nasogastric tube decompression in the hospital.



Figure

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References

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