

Letter to the editor

Comment on: "Non-traumatic right anterior diaphragmatic hernia: an unusual cause of bowel obstruction. Case report." Vergara Sanchez J, Garat V, Hoffmann B. *Rev Argent Coloproctol.* 2025;36(3):25-27.

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To the Editor,

Vergara Sánchez et al. describes an uncommon case of a Morgagni's diaphragmatic hernia in a nonagenarian patient presenting with bowel obstruction. The right-sided location, absence of prior trauma, and the patient's advanced age make this case particularly noteworthy.

Diaphragmatic hernias are most commonly associated with trauma or congenital anomalies. In contrast, non-traumatic hernias, especially in older adults, may be related to age-associated weakening and loss of elasticity of the diaphragm and surrounding connective tissue. Contributing factors include increased intra-abdominal pressure due to chronic cough, obesity, or constipation, all of which are more prevalent in the elderly. In nonagenarians, symptoms of a diaphragmatic hernia may be subtle or attributed to other age-related conditions, such as dyspepsia or respiratory disorders, potentially delaying diagnosis.^{1–3}

In this case, presentation as bowel obstruction prompted CT imaging, which established the diagnosis and enabled timely surgical management, thereby preventing potential intestinal ischemia that could have complicated the procedure and worsened the patient's prognosis. Resolution of the obstruction and repair of the diaphragmatic defect were achieved successfully without complications.

However, the indication for colostomy, performed due to marked cecal distention and advanced sigmoid diverticulosis, warrants further discussion. Uncomplicated sigmoid diverticulosis alone does not constitute an indication for fecal diversion.⁴ Furthermore, following reduction of the herniated colon, cecal distension may have been resolved as the intraluminal contents moved distally through compression maneuvers.

If concern existed regarding cecal wall fragility, a cecostomy could have provided decompression with lower morbidity and greater ease of subsequent restoration of bowel continuity. In contrast to colostomy, cecostomy often closes spontaneously after tube removal, whereas restoration of bowel continuity in elderly patients is not always feasible.

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Writing – review & editing: RLOP.

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