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EDİTÖRE MEKTUP  
LETTER TO THE EDITOR

## Bochdalek hernia in a middle-aged man

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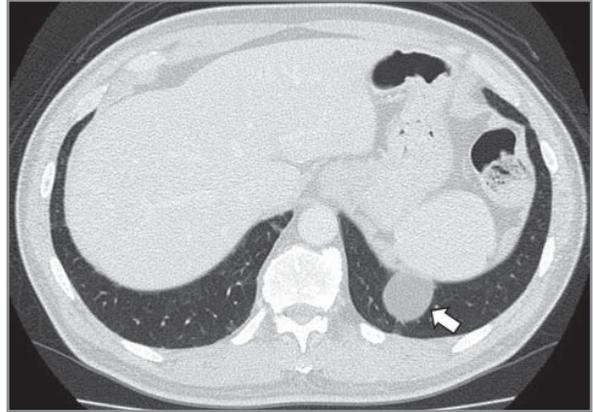
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A 59-year-old man with no symptom was referred for a paravertebral homogenous round mass with a smooth outline in the left vertebral area incidentally noted on axial view of chest computed tomography (CT) scan (Figure 1). He had no medical history. The coronal and sagittal images of chest CT scan revealed continuity of the soft tissue line of the left diaphragm adjacent to the mass and protrusion of retroperitoneal fat into the thoracic cavity through diaphragmatic defect (Figure 2). Therefore, the patient was diagnosed to have Bochdalek hernia. As the patient had no symptom and benign nature of the disease, surgical resection was not performed.

Bochdalek hernia is one of the most common types of diaphragmatic hernia (1). Chest radiograph is a pivotal role as the first-line for detection of various kinds of chest diseases, although imaging for diagnosis of the disease is mainly based on conventional axial sections of CT scan. In these images, diaphragmatic hernias were sometimes misdiagnosed as other diseases in lung parenchyma (2,3). The coronal and sagittal images of CT scan as well as magnetic resonance imaging (MRI) for a Bochdalek hernia are



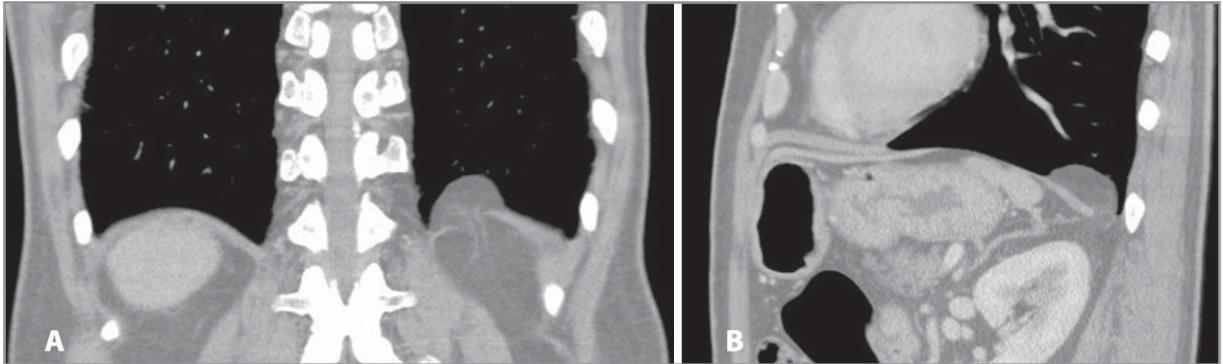
**Figure 1.** A paravertebral homogenous round mass with a smooth outline in the left vertebral area noted on axial view of chest CT scan (arrow).

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**Figure 2.** The coronal (A) and sagittal (B) images of chest CT scan revealed continuity of the soft tissue line of the left diaphragm adjacent to the mass and protrusion of retroperitoneal fat into the thoracic cavity through diaphragmatic defect.

characteristic enough for making a definitive diagnosis and render other diagnostic modalities unnecessary (4,5). Although very rare, physicians should be taken this disease into differential diagnosis in case with paradiaphragmatic mass lesion.

#### CONFLICT of INTEREST

None declared.

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