Wall Street Journal (25 November 2009), in 2001 he founded the Narayana Hrudayalaya Heart Hospital, Bangalore, where reportedly 2700 children are operated on every year at about one-tenth the cost of similar procedures in western Europe.

But in addition to focusing on cost-effectiveness in its traditional areas such as congenital heart disease, GOSH has a growing interest in preventing the onset of heart disease and hypertension in children as they grow up. Prof. John Deanfield and his group are using the outcome of screening programmes to better understand how impaired endothelial function, passive smoking, diabetes, and other risk factors affect vascular physiology. The expectation is that research such as this will help to keep today’s children out of tomorrow’s catheter laboratories.

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**CARDIOVASCULAR FLASHLIGHT**

**Hernia of Morgagni: an unusual cause of apparent ‘cardiomegaly’**

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A 20-year-old woman presented with intermittent chest discomfort and shortness of breath on exertion present since the birth of her first child 30 months previously. At age 14, she was struck by a car and thrown into the air, but suffered no significant injury.

On presentation, all blood tests including cardiac biomarkers were normal. An electrocardiogram showed sinus rhythm with symmetrical T-wave inversion in leads V1–V5. Chest radiography appeared to show gross cardiomegaly (Panel A). A poor echocardiographic window suggested a thickened right ventricular and atrial free wall with a mass attached to the inter-atrial septum (Panel B). Subsequent cardiac magnetic resonance imaging demonstrated a large herniation of omentum into the anterior thoracic cavity (Panels C and D). No intra-cardiac lesions were seen on CMR, implicating this para-cardiac mass as having distorted the echo images.

Congenital anterior diaphragmatic defects can result in herniation of abdominal contents, potentially including the stomach and bowels, through the foramen of Morgagni.

This feature may have been initiated, or compounded, by her road traffic accident and later pregnancy. The patient has been referred for urgent consideration of surgical repair.

(A) Chest radiograph suggesting ‘cardiomegaly’. (B) Echocardiographic view suggests thickening of the mitral valve annulus (horizontal arrow) and a potential mass (vertical arrow) on the inter-atrial septum. (C) Cardiac MRI showing an abdominal mass herniating, almost to the level of the aortic arch, through the foramen of Morgagni with striations typical of omental vasculature. (D), cardiac MRI showing the mass (white arrows) enveloping the heart and measuring 9 × 10 cm in an axial plane, at the level of the atrio-ventricular valves.

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