The Story

Every respiratory physician eventually meets the patient whose breathlessness remains unexplained despite a seemingly normal work-up. Spirometry is normal. Cardiac investigations are reassuring. Chest imaging appears unremarkable. Eventually the symptoms are attributed to anxiety or become labelled as unexplained.

I cared for a patient who was even referred for mental health assessment because no physical explanation could be found. The real diagnosis was symptomatic diaphragm eventration. Following surgical diaphragm plication, the patient's breathlessness improved dramatically.

The lesson was not that diaphragm eventration is common. The lesson was that one additional history question changed the diagnosis.

The Clinical Pearl

Before concluding that breathlessness is unexplained, ask:

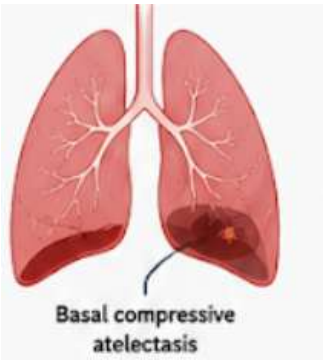
- "Do you become short of breath tying your shoelaces?"
- "Do you become short of breath bending down to pick something off the floor?"

If the answer is yes, the patient has bendopnoea—a symptom that should prompt you to think beyond the usual differential.



Three Clues to Symptomatic Diaphragm Eventration

- **1. Bendopnoea:** Breathlessness that is consistently worse when bending over.
- **2. Normal investigations:** Symptoms seem out of proportion to routine cardiac and respiratory investigations.
- **3. Recurrent basal 'pneumonia':** An elevated diaphragm can cause chronic compressive atelectasis that may be mistaken for lower lobe consolidation. Some patients are also predisposed to recurrent infection because of impaired ventilation of the affected lung. Recurrent 'pneumonia' affecting the same lung base should prompt reconsideration of the diagnosis.





Specialist Insight

Bendopnoea is a clinical clue, not a diagnosis. One often-overlooked cause is symptomatic diaphragm eventration. Most diaphragm eventrations are asymptomatic and require no treatment. The diagnosis is made by correlating the patient's history with the radiological findings while excluding alternative causes of dyspnoea.

The diagnosis is rarely made from the chest X-ray alone. It is made when the history explains the imaging.

What Should the GP Do?

- Do not dismiss bendopnoea as a minor symptom.
- Most diaphragm eventrations do not require treatment.
- If bendopnoea is present and imaging suggests diaphragm eventration, refer to a respiratory physician for confirmation and exclusion of alternative diagnoses.
- Carefully selected symptomatic patients often achieve substantial improvement following surgical diaphragm plication.

Take-home Message

Don't ask, 'Does this patient have diaphragm eventration?'

Ask, 'Does this patient's breathlessness become worse when they bend over?'

Sometimes that single history question uncovers an overlooked—but treatable—cause of chronic dyspnoea.

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