

Hiatal hernia presenting with dyspnea and pulmonary edema due to left atrial compression

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Figures

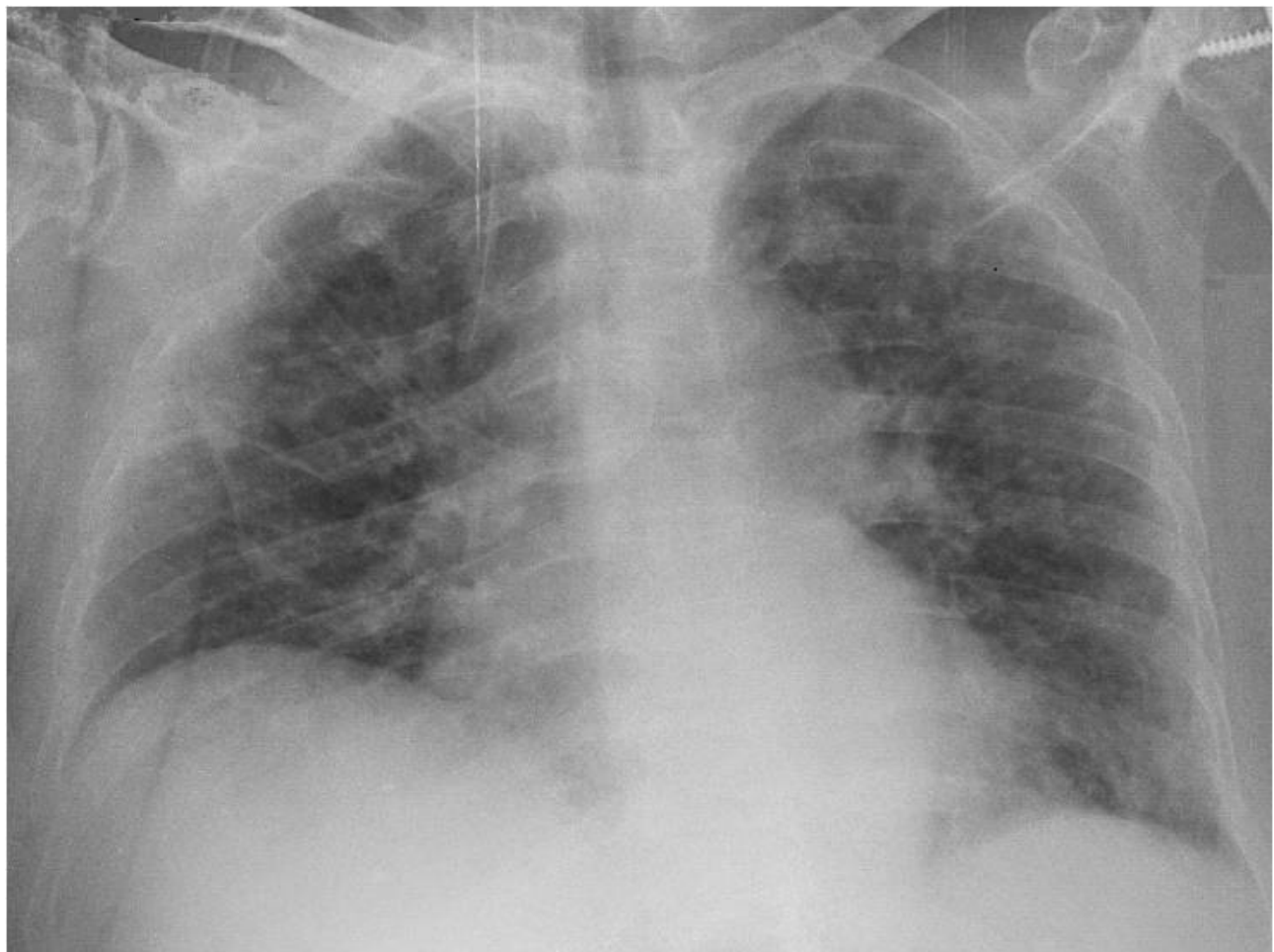


Figure 1:



Figure 2:

Description

Hiatal hernia represents a relatively frequent condition, which leads to the protrusion of the stomach (and in rare cases other abdominal viscera) into the mediastinum [1]. This condition is usually oligo-symptomatic, unless associated with gastroesophageal reflux. We report the case of a 81 year old woman admitted to our emergency department with dyspnea and pulmonary edema (Figure 1). CT-scan was performed with the evidence of large hiatal hernia with left atrial compression, and interstitial edema (Figure 2). Echo confirmed the obstructive etiology of pulmonary edema.

Patient was hospitalized and underwent a deferred urgent mini-laparoscopic repair procedure: reduction of the type III hiatal hernia, posterior hiatoplasty and Nissen fundoplication. The postoperative course was uneventful, and the patient was discharged after 10 days. Acute massive herniation is an exceptional complication of hiatal hernias or previous surgery on the diaphragmatic hiatus [2]. Dyspnea itself is a very rare symptom even in case of large hiatal hernias [3]. Differential diagnosis of major dyspnea and pulmonary edema should consider large hiatal hernia as a possible intraabdominal cause.

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